79-112654 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINTS Mary Greer 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 7 MONTH 22 79 AONTHS DAYS 40 Female White 10 BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Wicomico WIDOWED DIVORCED T IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 113: CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Pr. George Bowie YES T 13200 11th Street 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE John Milton Abel' Jovce Ann Pantaleoni 60 WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 13200 11th Street Mother APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I DEATH WAS CAUSED BY Min IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF osterior Conditions, if any, which gove rise to immediate couse of, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Ø 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDIC/ 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [AT WORK AT WORK 220.1 certify that (this haspital) attended the deceased from sow the deceased alive on 1/22/) obove. View (did) (did got) view the body after death and that in (My) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN and we 22d PHYSICIAN'S NAME ITYPE OR PRINT 22e. ADDRESS should be with the MPORT/ Chester C. Collins, M.D. Medical Center West, Salisbury, Md. 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION Speecherury 234 NAME OF CEMETERY OR CREMATORY 236. DATE STATE Cremation BP. 24 FWNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4))

First County and Part Abrell Street County and Street County Coun

		FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	7 9 - 0 2	2655
		1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
90	poge 3	ETTA	BELLE	ADAMS	Danuary 11	1479 12 12 M
NO E	0 0	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
9		Female	White	Feb. 1, 1902	76 YRS.	ONTHS DAYS HOURS MIN
000	T de les	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de oth	35	Maryland	USA	WIDOWERS DIVORCED	Wicomico	MD
-	with with	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
10	Py the d	Salisbury		eneral Hospital	Seamstress	Factory
212 hour	pe pe	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	113e STREET ADDRESS	1 autory
NN 24	should be should		comico Fruitlar		306 S. Divisio	n St
2YL	2 sh	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
MAR	200	Jesse	Fisher	Berti	WIDDLE	Bowe
RE,	d co	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 168. SOCIAL SECU		ighter) ADDRESS Rt.	
IMO	Pages Pages medico	NO NO OK GIAKIOWA)	212-01-8		Dorsey, Westover	
BALTIMORE,	pers. al. the	18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B	physical phy	PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (a)	ngricular Fab.	fillation	5-min
	arba ar re ar re	4149	DUE TO, OR AS A CONSEQU	ENCE OF		
PRESTON he death o	ove cove cove cove cove cove cove cove c	Conditions, if any, which	(1b) C	grower, Arts	v. Disease	5-10100
PR the	the ceman	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		(-)
W tod	by al, cr	underlying couse last.	(c)	of CHE		
, 201	igned en ple butio		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
DIVISION OF VITAL RECORDS.	2 4 p m	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
ECC §	rmit prior	Y 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
AL R	rate has ransit per Hygiene 18 shows	STIE L			YES NO YES	
> z		OR CONTRIBUTING CAUSE OF N	216. TIME OF INJURY HOUR A.M. MONTH D.		RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
10	ng pl certif urial-t tentol tem	THE EITHER, NOTIFY MEDICAL EXAMINE	AIII	19		
O NHA	bu bu	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N O	atter the sthe so the hong	WHILE AT WORK		/		
	R: All		oital) attended the deceased from_	15-79 19 70	1 to 1-15	9 7 7 , that (1) (we) lost
	CTO I for of h	sow the deceased alive o above, (1) (we) (did) (did n	or view the body after death.	ond that in (my) (our) opinion	death occurred on the date and hour	ond from the couses stated
800	ched ched Dept.	226. SIGNATURE	114	DEGREE	UEDICAL CZASS	22c. DATE SIGNED
N A	y the	1 1	F + //	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/16/79
SPI	NER NER TAN	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	3 (1	

23c. NAME OF CEMETERY OR CREMATORY

Wicomico Memorial

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR ADDRESS HOLLOWAY FUNERAL HOME, Salisbury

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

COUNTY

STATE

23d. LOCATION CITY OR TOWN

		tems 5,6 g528		STATE OF MARYLAND TOF HEALTH AND MENTAL HYG	IENE	
		STATE REGISTRAR		MINER'S CERTIFICATE OF		2656
		CEASED NAME FIRST OF PRINT)		ALLEN	20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 1	-19-79 2:05
	3. SEX		111011000	E (IN YEARS IF UNDER 1 YR. IF UNDER 24 F URTHOAY) MONTHS DAYS HOURS MIN	IRS. 2c. DATE MONTH	DAY YEAR 2d. HOUR
ļ		emale AA	7b. CITIZEN OF WHAT COUNTRY?	YRS. MONTHS DATS HOURS MIN	DEAD 1-1	9-19 ₁₉
		REIGN COUNTRY) ACON Ga.	U.SA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	MD
		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	USUAL OCCUPATION (TYPE OF WORK	126. KIND OF BUSINESS
		RESIDENCE (IF IN NURSING HO	Peninsula Gen OME OR OTHERWASTITUTION, GIVE RESIDENCE BEFORE DUNTY////////////////////////////////////	ADMISSIONI	Vomesus	received
L		Md. S	emerset Eden	YES NO Z	Rt. 1 Bof 39	79
	14. FA	THERIS NAME	MIDDLE TIL STATE SAST	15. MOTHER'S MAIDEN N	AME MIDDLE	+/4st //
I	60. W	AS DECEASED EVER IN U.S. S. NO. OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SE 2614-25		ADDRESS	years)
-		TAL CALLSE OF DEATH (F.		7-0000 727	shes (add, pa	me as above)
ı		PART I DEATH WAS CA	er anly ane cause per line far (a), (b), and (a USED BY: DIATE CAUSE (a) Hyperte	nsive Cardiovasc	ular Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YOUR
ı		402 - Conditions, if any, w	DUE TO, OR AS A CONSEQUE			
1		gave rise to immed cause (a) stating the un	liate (b)	NCE OF		
	d	lying cause last.	(c)			
l	N	PART 2 DIHER SIGNIFICANT CONDIT	IDNS <u>contributing to death</u> but not related to t	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c	1).	
١	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
	ERTIFI	21a EXTERNAL CAUSE WAS	S 216. TIME OF INJURY	1217 HOW IN ILIPY OCCUPANTO	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO 🏝
ŀ		UNDERLYING OR	HOUR A.M. MONTH DAY	YEAR	TICK TATURE OF WOOK! IN HEM TO PAKE I OK PA	nk: 2)
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HO		CITY OR TOWN CO	DUNTY STATE
l			harge of the remains described above, held	dan Autapsy , Inspection X	, Inquiry , and in my a	
			latural causes , Accident ,		ndetermined manner ,	pinofi
l	18	ACTUAL	1	TITLE (SPECIFY) M.D. Deputy	DATE	1-22-79
		SIGNATURE LAME			MEDICAL EXAMINER SIGN	ED
	12. 0/	EXAMINER'S NAME EST (TYPE OR PRINT) EST RIAL, CREMATION, REMOVA			mden Ave., Sal	isbury, Md.
	(SF	Surial Surial	1, 100 70 41.	of CEMETERY OR CREMATORY 23	d LOCATION CITYOR TOWN	oria me
		NERAL DIRECTOR	1 Home, Salisbur	250. DATE RECT	D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
2	10.	Lley Funera	I Home, Salisbur	y, Md. FEB 2	1979 Rivifrey	Chresoly

HOLLOWAY, FUNERAL HOME, Salisbury, Maryland

(VR A 15 (4))

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF REATH

02658

١	1-	STATE REGISTRAR		DLI ARTI	CERTIF	ICATE OF DEATH	REG. N	1 0	020	
1		CEASED NAME FIRST		MIDDLE	0	AST AST		MONTH DA		26. HOUR 19
I	2.654	tleren	10	0,		INSON	JANUAR		1979	AM
	3. SEX	FEMALE	4 RACE WHI	TE	J UN	E 3,1917	6 AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	HOURS MIN
		RTHPLACE ISTATE OR FOREIGN DUNTRY)	T.S.	what country?	8 MARRIEI WIDOWE	NEVER MARRIED [I WI COMI CO	R COUNTY	OF DEATH	MD.
		ry or town of death Lisbury	Penin			L Hospital	120 USUAL OCCUPAT			F BUSINESS OR
7	13a. S	MD. SOM	OTHER INSTITUTION	PRINCES	SS AN	NSIDE CITY LIMITS?		NE KN	OLL D	R.
	14 FA	MONTI WHITE	MIDDLE	LAST		C. ASSIE			LAS	T
		(IF YES, GIVE	MED FORCES? WAR OR DATES)	16h SOCIAL SECU	JRITY NO.	MRS MELVI	ADDRI N HAMILTON		NNE,M	D.
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE		line for (o), (b), on	dic	A. Corm	ver Antenia	Xues	BETWEEN C	MATE INTERVAL ONSET AND DEATH
ı		4149 IMMEDIA	DUE TO, O	R AS A CONSEQUI	ENCE OF	1 1 1				
۱		Conditions, if ony, which gove rise to immediate	(b)	Es	errye	true He	act Fau	we_		
١		couse (a), stating the underlying couse lost.	DUE TO, O	r as a conseou	ENCE OF					
ı	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVE	N IN PART 110)
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH D, M.	AY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	vn	COUNTY	STATE
		22a 1 certify that (1) (this hospi sow the deceased dive on above, (1) (we) (did) (did no	1/6/	7//	//4/19 , on	nd that in (my) Jour) apinio	on death accurred on the d	ote and hour		that (1) (sve) last couses stated
		226 SIGNATURY Lelin i	-	lande		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (22c. DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPE O	R PRINT)			itt ADDRESS				
			PALDAD				AVE. SALIS	BURY,	MD.	21801
	B	URIAL, CREMATION, REMOVAL SURIAL	1/4/	4 -		T. BEAUCH	CITY OF TOWAL		NNE I	MD .
	24 FU	MEVIN R. WI	LSON	PRINCES	SAN	NE. MD. 250. D	ATE REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	Helrody

PRINCESS ANNE, MD.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02659

	1	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02659 CERTIFICATE OF DEATH										
	1 D	DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR								
		(PE OR PRINT) LEE		Bailey	January	27,1979 1:17AM								
Marian	3 S	SEX		ATE OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.								
1		male	NEGRO	TOTAL TEAM		YRS.								
Source .	7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		ARRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY O Wicomic	COUNTY OF DEATH								
Softfied S		Salisbury	Peninsula stene	ral Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	12b. KIND OF BUSINESS OR INDUSTRY								
Ser per	130	STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS NTY 13c CITY OF TOWN OMICO SALISHURU	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	wtas Ave. Salis.								
exemination of the second	1		MIDDLE HENRY	FANN'E	MIDDLE	MASON								
e medica		WAS DECEASED EVER IN U.S. AR (YES, NO ARUNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECURITY N	Robert G.	Vette 32	3 PENN. St. Md.								
ewent, th		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), onche ED BY: TE CAUSE (o)	a Court		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH								
otion, or re		Conditions, if ony, which	DUE TO, OR AS A GONSEOUENCE (of lead &	facts	Well								
ol, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE (c)	Selow !		Yas								
injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)								
Sows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO									
em 18 sh	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY Y	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)								
hond Mento	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE								
of Heolt 21 is mo		sow the deceased alive on	ital) attended the deceased from	ond that in (my) (our) opinion	death occurred on the do	ote and hour and from the couses stated								
Stote Dept.		22b. SIGNATURE	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR									
MPORTANT:		22d. PHYSICIAN'S WAME (THE	R PRINT)	27e ADDRESS										
	230.	BURIAL CREMATION, REMOVAL	236. DATE 2-3-79 6RED	OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	y Wills and.								
1/76	24 C	FUNERAL DIRECTOR NAME To Stew	and West &	jalis. md. FEB	EREC'D. SURFC STRAR	MEREGISTRAR'S SIGNATURE								

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-02660 CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20. DATE OF DEATH MONTH (TYPE OR PRINT) Monroe Baker Jan. 26. 19 Lee 1:05 PM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH HOURS Male White May 70. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Delaware U.S. Wicomico WIDOWED DIVORCED [18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR E. Elizabeth Street (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Delmar Railroad Machinist JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 203 E. Elizabeth Street 13a STATE 136 COUNTY 13L CITY OR TOWN 13d. INSIDE CITY LIMITS? place Wicomico Maryland Delmar YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Matilda Stanley Baker Baker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 6-01-947 E. Baker Delmar. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF east direine Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 301 a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? per NO [YES [21a, ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 60 220.1 certify that (1) (this haspital) attended the deceased from. 1979 saw the deceased alive an and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Grove St. ld b Ernest M. Larmore Delmar, Delaware 19940 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Stephens BP Burial -29-79 Cem. mar. Sussex Del 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VRA 15(4)) Marvel-Short Funeral Home Delmar

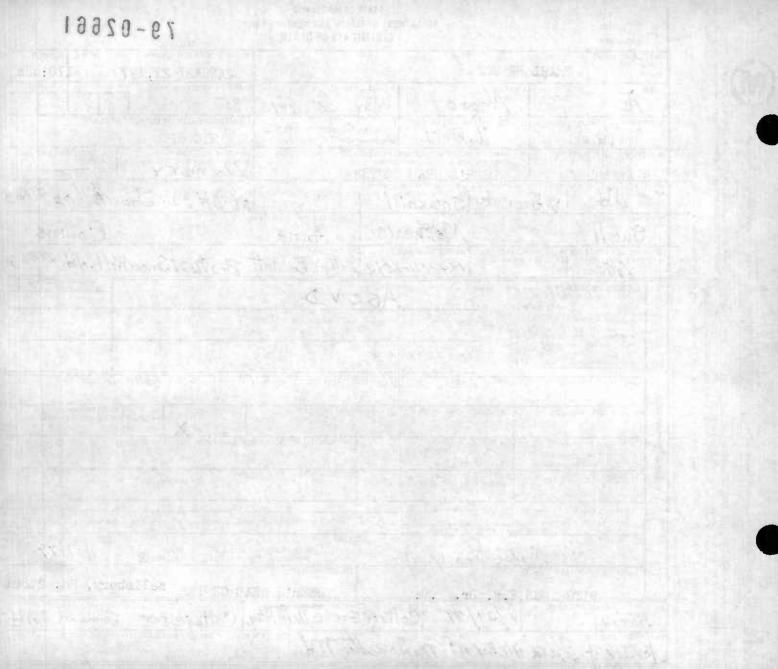
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A TOTAL CO.

DE M. William D. F.C.

the state of the s

3	1.	FOR - STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY CCATE OF DEATH	GIENE 7	9-0266	1
deorth 3		CEASED NAME FIRST PEARL	BENSON		AST	JANUARY	MONTH DAY YEAR	26. HOUR 110:48a _M
rector, pours after o	3. SE	Fe	Negro	5. DATE O	DF BIRTH YEAR YEAR 1893	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEA MONTHS DAYS	
death Pour 72 hours 22 hours.	c	RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COI	MARRIE WIDOWE		WICOMI		MD.
20) Us offer to by the fiftled with filed wi		S ALTSBURY	The state of the state of	EAD CENTE		120. USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF LOUISING		OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill executive must be no	13a. S	AL RESIDENCE (IF NURSING HOME O	or other institution, give residently incessed Sno	NCE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	7 Snowhil	
)	Sue!	MIDDLE Me	thews	Anna.	WIDDLE	Co	itlins
BALTIMORE, cote be executivistic on and coppers. Pages I wal.		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	03-6092	17. INFORMANT Esther Becket	H Phat221.	SnowHill, 1	MJ, 21863
(DS, 201 W. PRESTON ST., Buduires that the death certifical signed by the attending physican please remove carban paper to burial, cremation, or removalury, or other traumatic event,	NO	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (b) (c)	NSEQUENCE OF	NOT RELATED TO THE TERM	winal disease or conf	DITION GIVEN IN PART	1(0)
he law re on. has been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig es the burdal-transit permit. Then olith and Mental Hygiene prior to b marked or hem 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	211, HOW INJURY OCCUR 211, LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
ATTENDIN spiral or of CTOR: Aft for use of d for use of a for use of		220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no			nd that in (my) (aur) apinion	death occurred on the do	ste and hour and from th	
ITAL OR. by the ho RAL DIRE rdetached frate Dept.		226. SIGNATURE	etching	CIMD.		MEDICAL STAF	F 1/2	TE SIGNED
O HOSPITAL TO FUNERAL should be del		22d, PHYSICIAN'S NAME (TYPE O	S.E.P. Dr. M.			DAD OBITEDIO	Salisbury,	Md. 21801
ВР	1	BURIAL, CREMATION, REMOVAL SECTO 12	1 27 79	Coff 2 R	Grove U.M.C.	23d. LOCATION CITY OPTION TE REC'D. BY REGISTRAN	FOR SOUNTY	
DHMH - 16 50M 7/77	L	NAME OF G	DA 2 119 49	RESS A M 2 A		1070 KINA	230. REGISTRAR'S SIGN	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

page 3 er death

STATE OF MARYLAND

02667

1-	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	002
	CEASED NAME FIRST	MIDDLE	BISHOP	20 DAJE OF DEATH MONTH	TAY YEAR 26 HOUR.
2 05 4	Be7	KRACE LEE	S DATE OF BIRTH	SANUARY !!	IF UNDER 1 YEAR IF UNDER 24
3. SEX	2	In/L: L	MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
7a. 816	RIHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8 3 7	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	arth Caralina	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	
4	Salisbury		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	//
	-	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	<u> </u>	SCLICIAL 7	recounting
Mo	oryband Wer			Evergreen Te	rrace Number
14 FA	THER'S NAME	MIDDLE A LAST	15 MOTHER'S MAIDEN NA	ME	LAST
4	doseph	Lee Cheri	ry Lillian		He3d
	VAS DECEASED EVER IN U.S. A YES, NO OKUNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SEC	1290 Leure H	Bishan Span	Hill 111-1
	18 CALISE OF DEATH, Enter of	only one couse per line for on, ib., or	odicio i di	JISNOP, SHOU	APPROXIMATE INTERV. BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (0)	. 0		BLTWEIN ORSET KNO DI
	5902	DUE TO, OR AS ONSEOL	JENGE OF Aloress		N St. Company
	Conditions, if ony, which gove rise to immediate	(b) 4Cm	at stories		
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF		
7	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1 d)
ρĒ	Diave	ilis Whellis			
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		ES, WERE FINDINGS USED JED ING CAUSES OF DEATH JES IN NO IN
	210. ACCIDENT WAS UNDERLYING [RED (ENTER NATURE OF INJURY IN ITEM 18	
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION	CITY OR TOWN	COUNTY STAT
2	AT WORK AT WORK		1-1-1	2 17	19
Н		pitol) attended the deceased from	101 19	10	, 19 , that (I) (yes
		n 19		death occurred on the date and he	
100	22b. SIGNATURE	1. 65	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	226. PHYSICIAN'S NAME LTYPE	OR PRINT)	220. ADDRESS 247	Kny Dy	
1	0. J. B	* Ton	SALISHUN	ml. 21801	
	<u> </u>	T.		Testiocarion	
	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	AITY OR TOWN	COUNTY / STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

made I will be

W. HILL

ADDRESDENTON, MD.

FOR STATE

24 FUNERAL DIRECTOR NAME CHARLES

DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02663

	REGISTRAR				CEKIII	ICATE OF DEATH	RE	G. NO.					
	CEASED NAME	FIRST	,	MIDDLE	i	AST	20. DATE OF DEA		DAY	YEAR	2b. HO	JR	
(TYPE	OR PRINT)	Laura	1	V.	Bla	ck	January	19, 19	79		2:0	м дО	
3 SE	х	4	RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)		PERTYEAR	IF UNDER		
	FEMALE	1 to 10	BLACK		Feb	14.1895	83 YR	S YRS	MONTHS	DAYS	HOURS	MIN	
10 BI	RTHPLACE STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D MENER WARREN	9. BALTIMORE C	TY OR COUN	TY OF D	EATH			
	MARYLAND		United	States	WIDOWE	DINEVER MARRIED	WICOM	ICO.				MD.	
10 C	ITY OR TOWN OF	DEATH 1				R OTHER INSTITUTION	120 USUAL OCCU			KINDO	F BUSIN	ESS OR	
S	ALISBURY	Market S		Head Cen			Domest:		3 LIFE) IN	NON:	E		
USU.	AL RESIDENCE (IFF	LISH COLINI	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CAY LIMITS?	13e STREET ADDR	ess				-	
M	aryland	Carol:		Ridgely		YES NO		L DELIV	ERY				
14 FA	ATHER'S NAME		IDDLE	LAST	HITTE	15 MOTHER'S MAIDEN NAM	ME MIB	70.					
	W177.		eter	Armstro	ng	Rhoda	(MMN)	DIE	Cep	has			
	VAS DECEASED EV			166 SOCIAL SECUI		17 INFORMANT	A	DDRESS					
(YES, NO OR UNKNOWN)	NO NO	VAR OR DATES)	214-12-66	95A	RECORDS OF	SALISBUR	I NURSI	NG H	OME			
		ATH (Enter only I WAS CAUSED IMMEDIATE	BY	line for (a), (b), and	ic'				1	APPROXIA BETWEEN O	MATE INTE	RVAL DEATH	
	Conditions, if a	inv. which	DUE TO, OI	RAS A CONSEQUE	NCE OF								
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF												
	underlying cause last (c)												
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
MEDICAL CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	INCER	YES, WER			TH?	
CER	210 ACCIDENT WAS		216. TIME O	FINJURY M. MONTH DA	V VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM I	8, PART 1 OF	R PART 2)			
AL	OR CONTRIBUTING [P.		19	Error Land V.							
4EDIC	21d INJURY OCC	URRED	21e. PLACE			211 LOCATION STREET	CITY	OR TOWN	co	UNTY	s	TATE	
<	AT WORK AT	WORK											
	220 I certify that saw the dece	(this hospitological dive on a dive of the diversity of the diversit	Jan. 19	9. 19.7	Oct.	19, 19 78 Id that in ((aur) opinion (death occurred on	19 the date and h	, 19_ 7 ; hour and i			(we) lost tated	
	276 SIGNATURE M. Shresho, DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									2t. DATE S	SIGNED		
	22d PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRESS		-6					
	Maheswa	ri Shre	stha.	M.D.		Deer's Head	Center, S	alishu	777	Md '	27.80	7	
23a. E	BURIAL, CREMATIC			23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	COUNT			ATE	

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			address to be	
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79-02664 Market and the second s with the second to the test of the second The state of the s SECTION OF THE PROPERTY OF THE A MILES OF THE LIFE CONTROL OF CARL SO SEE THE SECOND OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 2 6 6 5 CERTIFICATE OF DEATH Middle Lost 1. DECEASED-NAME First 2a. DATE OF DEATH death. ond (Type or print) Bessie M. Bloxom attending physician and campletely filled in by the tot permit. Then please remave carbon papers. Pages 13 after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS Female. White 7-18-91 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED please remave carbon papers. WIDOWED 5 DIVORCED [Virginia USA Wicomico County within ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Salisbury Nursing Home during mast of warking life, even if retired.) INDUSTRY Salisbury housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b, COUNTY NOT rural ccomack Horsev and in ony 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Emory Groton Susan Fisher 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? _Address + h (Yes, na, ar unknawn) (If yes give war or dates of service) buriol, crematian, ar removal, 215-26-5197 Madelyn Fennelly Pocomoke City 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), god (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO OP AS A CONSEQUENCE OF Conditions, if ony, which gave burial-transit nse to immediate couse (o), O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE be retained by the hospital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar to b 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES [21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year af O (If either, natify medical examiner) detached [AT HOME, FARM, STREET, FACTORY,] 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e, PLACE OF INJURY State City or Town County While Not while 220. I certify that (I) (this hospital) attended the deceased from and the in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on couse, stoted obove, H) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED MED. DIRECTOR , page 3 be filed PHYS PHYS. PHYSICIAN'S 22e. ADDRESS MAME (Type) Dr. Earl M. Beardsley, M.D.Rt. 50&Civic Ave director, I 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION (County) REMOVAL (Specify) Cemetery Hall Accomack 25a. REGINEY REGISTRAN 9 7 025b. REGISTRAN'S SIGNATURE VR A15 (4) 25m-1/70 Pocomoke City. Md.

Fund Wilder Region State Charles Control

W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

79-02667 Salisbury Peninsula Ceneral Hospital

colden to Lalemont

25

		STATE OF MARYLAND	
19 15		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0.0
Po 10		STATE PEGISTRAP MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7.9 NO 0 2 6	569
		REDISTRAR	
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 76. HOUR
W 41.49.	(118	DEATH MATED 🔽 🗍	27 19 79 M
PLEASI RECTOR RELIES HOURS	2 053	LOUISE F BRIDDELL	- 17 M
PIEAS RECTOR R FILES HOUR STREET	3. SEX	X 4 RACE S DATE OF BIRTH TO AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAGT BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	4:10
VECESSARY, PIEAR OUNTRAL DIRECTO 5 FOR YOUR FILE WITHIN 72 HOUR WITHIN 72 HOUR	Fe	male Black 1 22 18 6/ YRS. DEAD 2	2 19 79 P _M
		INTURE ACE (STATE OR 176 CITY OR COUNT)	
ESS SESTINE	FO	OREGO COUNTRY) MARRIED NEVER MARRIED	
NECESSA FUNERAL S. FOR Y W. PRESTO	1	Denn. WIDOWED & DIVORCED Wicomico Count	MD.
Z F 2 . 3	10 CI	ITY OR TOWN OF DEATH III, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III USUAL OCCUPATION (TYPE OF WORK)	PZB. KIND OF BUSINESS
AY IS THE PILED 301	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIEE)	ORINDUSTRY
300		Quantico Creek Rd. near Hebron Md. 12 mestes	Housefuter
Lagor W		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
RETANN AND RETANN RETANN HOULI	13a. S	STATE 136 COUNTY PSTER 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS BAL 408	2
21201 F AND S, AND SHOUL I FECOL		The contest of the co	3
0 T . NSA.	14. F/	ATHER'S NAME MIDDLE	LAST 10
		TAMES TO MALL CAN	urch well
AFTER DEATH AFTER DEATH FORM PM FEST AND SIGN OF VIT	24 2	WAS DECEASED EVEN IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (0.5)	CALLED CO
MORE, TER DE PAGE FORM	16a. V	WAS DECEASED EVEN IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1835	West Pork ST,
AFI AFI SIO		131-09-3681 Love mae Prever Chica	agn. Sel,
A SS SS	=	The Callet of Statute	APPROXIMATE INTERVAL
1 88 F.	1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
STON ST HIN 24 HG IN ITEM I 7 ALONG SIT PERMI HYGIENE		IMMEDIATE CAUSE (a) Gunshot wounds of head	
PRESTON WITHIN 24 CIL IN ITEA CIL IN ITEA INER ALON ANSIT PER TAL HYGIEI MOVAL.		9654 (DUE TO, OR AS A CONSEQUENCE OF	
N	133	Conditions, if any, which	
O1 W, PREST UTED WITHIN N PENCIL IN RALINAR A RALINAR HY N MENTAL HY OR REMOVA		gave rise to immediate (b)	-
- Z Z Z Z Z Z		cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
CUTEL EXAURISAL VOR	1	lying cause last.	
S, 301 KECUTE S". IN P S". IN P BURIAL AND MI		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
TAL RECORDS, 301 W HOULD BE EXECUTED ON "PENDING" IN PE CHIEF MEDICAL EXA USED AS A BURIAL-I OF HEALTH AND MEI AL, CREMATION, OR R	-	PART 2 DIRECT SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT AND RECEASED TO THE TERMINAL DISEASE OR CONDITION SITES IN TARE 1 [0].	
AAS AS	Ó		
7 0 4 5 4 5 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ITAL RI SHOULI SRD "PI CHIEF CHIEF OF HE	1 2		VEC EL VOE
F VITA TE SHO WORD WORD TE CH TE CH ORINI OF	1 E		YES X NO
BUR	8	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART HOUR A.M. MONTH DAY YEAR	Л 2)
N SHOOT OF STANK OF S	1	CONTRIBUTION OF DEATH	
OF ALL OF HER	2	CONTRIBUTING CAUSE OF DEATH P.M. 1 27 19 79 shot by assailant (8)	
BIVISION OF VITAL S CERTIFICATE SHOL RDED TO THE CHIE RES SHOULD BE USE RESPERTMENT OF PRIOR TO BURRAL, OF	MEDICAL	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
DIN THIS C WRIT WARDI PAGE:	-	WHILE AT WORK AT WORK WOOds STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU Quantico Creek Rd. Hebro	on, Maryland
PAN N			
PHE POPE		22e. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection . Inquiry	inian
CAMINER CAMINER CETTFICAT D BE FO IRECTOR: VITH THE RYLAND,		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
CAN D B D B NITH RYLV		TITLE (SPECIFY)	
00040> <		ACTUAL ACTUAL DATE	
AL ECHALDICAL MAR DOUGH AL DOU		SIGNATURE M.D. Assistant MEDICAL EXAMINER SIGNED	0-2/3/79
AEDICA UTE TH UNERA UNORE,			
MEDICAL ECUTE THE GE 4 SHOU FUNEATH. TIMORE, M	-	(TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
TO ME EXECUTE PAGE AFTER BATTER	100		
EXE PAC 10 BAI	230.8	BURIAL CREMATION, REMOVAL 236. DATE 231, NAME OF CEMETERY OR CREMATORY COUNTY C	TY STATE
BP		Devade 2-8-14 Belle United Milk: Berlin 490	w, one.
	24. F	FAMERAL DIRECTOR A DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S S	IGNATURE
DHMH - 17 (VR A15 ME (5))	1	The Man Chappers of The FIRST LINE STATE	Echend.
15M 7/76	1	(Jackey) remiced - December 1919 1 1213 Maring	- June

1	= ST RE						STAT MENT OF H EXAMINI	EALTH		ENTAL			9 - [0.2	67	0		
(1		ASED NAME		RACE		MIDDLE W.		BUN	IAST VTINC	3		20. DATE OF DEATH	KNOV ESTI H MATE	- LEX	7	3-7	79 ₁₉]	25. HOUR 2:15A
3.5 F 70. M		nale	4. RACE White	MONT!	1-13-		6 AGE IIN YEAR LAST BIRTHDAY	Y) MONTH		IF UND HOURS	ER 24 HRS	2c. DAT PRONOL DEA	JNCED	1	-3-	DA		26 HOUR 17
2 A W	AR	HPLACE (ST GN COUNTRY) YLANI	D		USA			WIDOWI		DIVO	politica.		MORE C	-	_	NTY O	FDEATH	MD.
70 10.1	2	ortowno	bury	DOA	Pen	insul	RSING HOME, (REET ADDRESS) La Gen	eral	R INSTITU	rion spit	120. U	SUAL OCCI R MOST OF WO HOUS	ORKING LIF	FE)	E OF WORK	12b.	KIND OF B OR INDUS	USINESS
5 13o.	STA	Md Md		OR OTHER IN	CO		OR TOWN		13d. INSIDE (NO [REELABOR	RESS Ash	nyl	on	St.		
1		FRED			WALLE	R	LAST		Ĺ	OTT	IE	Æ			LER		LAST	
1 160.	(YES.	NO. OR UNKNO		E WAR OR D	ATES)	222-	-10-35		17. INFORA		ALFR	ED C		UN		G,		MD. SBURY
1	11	PART I DE	F DEATH (Enter o ATH WAS CAUSE IMMEDIA	ED BY: ATE CAUS	E (o)C	oron	ary 0		sion							BE	APPROXIMA ETWEEN ONS SUCC	ET AND DEATH
		gove ris-	is, if ony, which		(b) A	SCVD											yea	rs
	lying caus	-91 (1)		(c)		SEQUENCE O								2				
NO			SNIFICANT CONDITION								PART 1 (a).							
CERTIFICATION	"		OPERATION		19b. CONDIT	ION FOR V	WHICH OPERA	TION WA	AS PERFOR	MED?						20	AUTOPS	? NO T
		NDERLYING	CAUSE WAS OR G CAUSE OF	200	HOUR A.M P.M.	HTMOM	DAY YEAR	21c. HO	W INJURY	OCCUR	RED (ENTER	NATURE OF I	NJURY (N (1	TEM 18 P	ART I OR F	PART 2)		- 4
MEDICAL		d. INJURY O VHILE IT WORK	NOT WHILE (STREET, FACT	OF INJURY ORY, FARM, ET	(AT HOME,	21f. LOC	ATION			CITY OR TO	OWN		C	OUNTY	100	STATE
		deoth resulte	y that I taak char d from: Natu	ge of the i	PER)	Accident		Autops)	Hamic	ide 🔲	Unde	Inquiry termined m	-	and	d in my c	pinion		
	S	CTUAL IGNATURE	NAME Earl	4	D	X	D	M.(De De	put		DICAL EXA					-4-7	
230.		AL, CREMAT	ION, REMOVAL		Roye		I.D.		DDKE22		123d. L	OCATION	ve.	9		LSO	ury,	Ma.
24.		BUR ERAL DIRECT	4.2	1-6-	-79	DA	GSBOR	O CE			D	AGSB Y REGISTR		REGI;	JSSE STRAR'S	EX,	ATURE?	
)) W	at	son-	Gray-Me	lso	n, Mi	llsb	oro,	De.			JAN	8 19		P	enfo	4/1	(Clre	7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TX MONTH 2b. HOUR (TYPE OR PRINT) BURRIS OF ESTI-MAE SARAH 2:20A 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR 2c. DATE MONTH PRONOUNCED 07 Female White TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Wicomico Maryland WIDOWED DIVORCED FILED, V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Deer's Head Center Salisbury Homemaker Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Anne's Md. Queen Crumpton YES X NO [Box 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LONG WITH FORM PM. PERMIT, PAGES 1 AND 2 SENE, DIVISION OF VITA MIDDLE MIDDLE David Roberts Lillian Carr 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 21001 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-22-3081 Chester A. Roberts 122 Way Aberdeen Md. 18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute Pulmonary Edema nours DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Hypertensive Cardiovascular Disease vears gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Fracture of right tibia and fibula 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, YES NO TE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Fell at home. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) 181, Crumpton, Queen Anne's, Md. WHILE AT WORK TO AT WORK own home EXECUIE PAGE 4 SHOULD TO FUNEAL DIRECTOR. AFTER DEATH, WITH THE S' BALTIMORE, MARYLAND, 2" Inspection X 220. I certify that I took charge af the remains described above, held an Autopsy ond in my apinian Accident X death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 1-19-79 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Salisbury, Md. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 22 Jan. 1979 Deer Creek Cemetery Harford Forest Hill Maryland BP. Parke St. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) arring Funeral Home, Aberdeen, Md. 21001 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

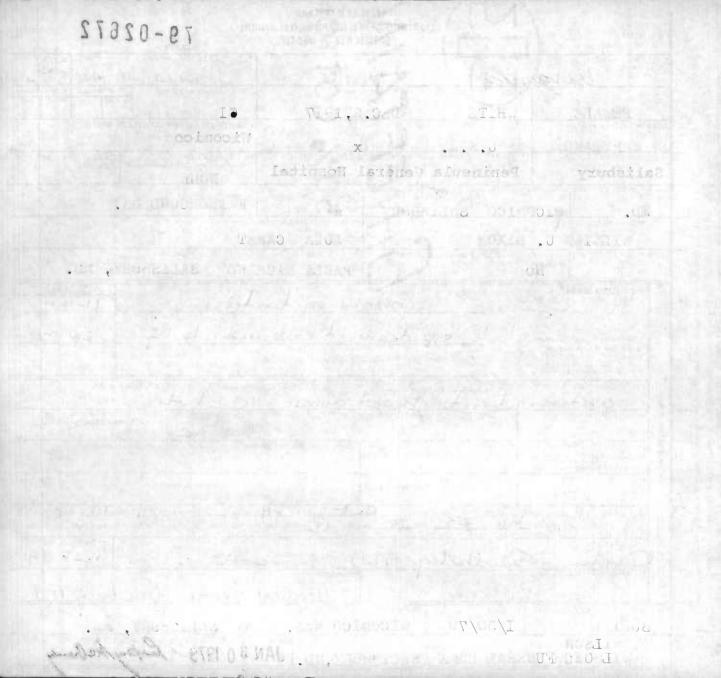
FOR

1 - STATE

BALTIMORE, MARYLAND 21201

PRESTON ST.,

DIVISION OF VITAL RECORDS,



1-	FOR STATE REGISTRAR			DEPARTMENT OF				TH 19-	0261	3	
	PE OR PRINT)	JAMES	TH	MICOLE OMAS	COLI	IGAN		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	27-79	26. HOUR
3. SE		hite I	DATE OF BIRTH	897 81	YEARS IF UN IDAY) MONTH	IDER 1 YR. IF UNI		2c. DATE PRONOUNCED DEAD	1-28-	79 19 5	24 HOUR
70. E	RTHPLACE (STATE OF	76	U.S.	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MA	ARRIED X	9 BALTIMORE CIT		Y OF DEATH	MD
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USU 13e. S	AL RESIDENCE (# IN P	136 COUNTY	THER INSTITUTION, GIV	RESIDENCE BEFORE ADMIS 13. CITY OR TOWN Delmar		13d INSIDE CITY LIMIT		EET ADDRESS			
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160.	WAS DECEASED EVE YES, NO, OR UNKNOWN)	(IF YES GIVE WAR	OR DATES)	166 SOCIAL SECUR 051-05-9		MISS HE	LEN C	OLLIGAN		CLYN, N.	Υ.
	18 CAUSE OF DEA PART I DEATH	ATH (Enter only o WAS CAUSED BY IMMEDIATE C	Y: CAUSE (o)	for (a), (b), and (c).) Coronary		usion				APPROXIMAT BETWEEN ONSE	LAND DEATH
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z	PART 2 OTHER SIGNIFICA		(c)TRIBUTING TO DEATH BE	UT NOT RELATED TO THE TEI	RMINAL DISEASE	OR CONDITION GIVEN I	N PART 1 (α),				
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	death resulted fro		Page 1	ribed obove, held an	Autap:	Hamicide TITLE (SPECIFY	. Undet	Inquiry X	ond in my op		
	ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Earl L	Royer	. M.D.		Deput		n Ave.,		1-29-	
23 a. E	URIAL CREMATION, SPECIFY) BURIAL	REMOVAL 236.		23c. NAME OF C	EMETERY O	ADDRESS:	23d. LC	OCATION ORTOWN JNTINGTO	COUN	ITY S	TATE
	UNERAL DIRECTOR			Salisbury		25e. DA	FEB]	REGISTRAR 25b. R	EGIOPRAP'S S		4

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• ` • •	BAN CHA	7 TTT 0 -02		64/3/3	File Bill

HOLLOWAY FUNERAL HOME, Salisbury, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VR A 15 (4))

15-02674 501:11 - 12:10g EUROS AND CO. D. C. D. C

2		1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 7		2675
			CEASED NAME	FIRST	,	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	YEAR 2b. HOUR
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		3. SE:	X .	4.	RACE		5. DATE (6 AGE IN YEARS LAST BIRT		UNDER I YEAR IF UNDER 24 HRS
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	To To		dorado, M	d.	U.S.	. A.	WIDOW		Wicomic	o Cour	ntv MD.
	within within	10 CI	TY OR TOWN OF DE	ATH II		HOSPITAL, NUF		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126. KIND OF BUSINESS OR INDUSTRY
5	by ##	Sa	lisbury	MD		_	_	g Home	Housewife	F WORKING LIFE	Own Home
201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	illed in old be family the state of the stat	13a. S	AL RESIDENCE (IF NUR TATE Arvland	SING HOME OR OT 136. COUNTY	HER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt. 3. BO	× 256	
ILA!	2 sho		THER'S NAME	12 010	100 101	***************************************		15 MOTHER'S MAIDEN NA		X 230	
MAR	ond 2		John Lank	ford	DLE	LAST		Nancy Figg	MIODLE		LAST
ORE,	Poges 1		VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SI		17 INFORMANT	ADDRE	DET	aware 19973
TIM	S. Po		No	7-14-6		221-12	-1429	Helen V. Cou	Ibourne, Rt	. 3, Bo	ox 256, Seafor
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REST	other other rour		Conditions, if any		(b)	ener	all,	ies ane	in mee	uns	grs,
>	rem rem		couse (a), state	ng the	DUE TO, O	R AS A CONSE	QUENCE OF				
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	fhen p to bur njury,	Z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	N IN PART 1(0)
0	been mit. T	ATE	19a DATE OF OPERA	TION	19h CONDI	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES. V	WERE FINDINGS USED
REG	ws o ws o	CERTIFICATION			170. 00.10			TO TEM OWNED	YES NO		NG CAUSES OF DEATH?
HA	sicio sicio nusit ygie sho	ERT	21a. ACCIDENT WAS UN	IOERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR			
V PC	phys phys phys phys rol Hy rol Hy	AL C	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH					
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IVISION OF VITAL RECORDS,	offen ter this s the b s and	WE		THILE [REET, FACTORY, OFF	ICE, FARM, ETC.]	STREET	CITY OR TOV	VN	COUNTY STATE

Ave Sa Beardsley. Md 238. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE

22e ADDRESS

Unity Washington

DHMH-16 50M7/77 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR Framptom-Hawkins Funeral Home 216 N. Main

Jan. 28,197

220.1 certify that (1) (this haspital) atter

PHYSICIAN'S NAME ITYPE OF PRINT

Burial

deceased alive on

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Dorchester, Maryland

COUNTY

_, that (1) (aua) last

STATE

224. DATE SIGNED

Federalsburg

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

19-02676 Bellichming Perstant General Heapthal Park : 12 Press Harred wor mouser. Wallait Elle minet Marie B. C. marie and the second second

	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	077
	1	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7.9.0 2	011
m o sime		CEASED NAME FIRST	RENCE DONOWAY 20. DATE KNOWN M MONTH OF ESTI- DEATH MATED 1-1	8-79 3:08P
STEEL STEEL	3. SEX		5 DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2t. DATE MONTH LAST BRIHDAY) MONTHS 0AYS HOURS MIN PRONOUNCED 7 7 0 7	OAY YEAR 2d, HOUR
OR YOUR THINK	Ja. 8	emale White RTHPUACE (STATEOR REIGNEONTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	IA W
S C S C S C S C S C S C S C S C S C S C	10.0	TY OR TOWN OF DEATH	WIDOWED DIVORCED WICOMICO 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	MD.
PAGE 5 BE FILED, V		Salisbury	Peninsula General Hospital Zakhati - D	Concts
RETAIN HOULD		TATE 13b. COUN WICO	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY MICO HOLD Brown St.	
S & 9 527	14. F/	E-nest	MIDDLE WATERS THE MADE NAME LIGHT WATER	whight
B. GIVE PAGE WITH FORM PAGES 1 A DIVISION OR	16a. V {Y	VAS DECEASED EVER IN U.S. ARI ES, N.J. OLUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 186. SOCIAL SECURITY NO. 117. INFORMANT 213-14-6248 Lugene Donows, 5	11560-1
IN ITEM 18. C		PART I DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c).) DBY: TE CAUSE (a) Coronary Occlusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ENCIL IN 1TE AMINER ALC TRANSIT PE ENTAL HYGII REMOVAL.		Conditions, if any, which gave rise to immediate	Due to, or as a consequence of (b) Hypertensive Cardio-Vascular Disease	years
EXAMIAL-TR MENT		couse (a) stating the <u>under</u> lying cause last.	NEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	years
FENDING IN SEE AS A BUR I HEALTH AND CREMATION, C	N O	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
HOOTX	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TO THE CHI HOULD BE US ARTMENT OF R TO BURN.	AL CERI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
3 S DEP DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COU	INTY STATE
CATE, V CARE, V TOR: PA THE STA ND, 212		22a. I certify that I took charg	ge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my ap	inian
I ERT		ACTUAL SIGNATURE	TITLE (CDECIEV)	1-19-79
EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA		EXAMINER'S NAME Ear	L L. Royer, M.D. 409 Camden Ave., Salis	
35 P F E E E E E E E E E E E E E E E E E E	23a. B	URIAL, CREMATION, REMOVAL I	1/29/79 1111 Mem (PAK ON CITY OR TOWN Z/1.5 KUZCOU	in hopie
DHMH - 17 A15 ME (5))		DINERAL DIRECTOR PARKE SICK Funer	al home, Bivalve, Md. 250. DAIJAN 24 1979 256. REFSHESS	Mic Bready.

injury, or other troumotic event, th

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-02678

	1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	WIDDLE	ι	AST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
	(117E	ELTON	FRANKLIN	DOUGHER	TY	JAN. I5.	1978 1979	,
	3. SEX	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD		
		MALE	WHITE		9-1896	82	YRS MONTHS DAYS	HOURS MIN
7		RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT CO		NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
5		DELMAR, MD.	U.S.A.	WIDOWE		WICOMICO		M
0		SALISBURY	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C AT HOME		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W NONL RET	ORKING LIFE) INDUSTRY	OF BUSINESS OR
h	13a S	AL RESIDENCE (IF NURSING HOME STATE ISSUECO	UNTY 13c. CITY	NCE BEFORE ADMISSION) OR TOWN LIBBURY	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 502 EMORY	COURT	
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2			GIVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRESS		. 77 0 1 1 1 1 1 1
		N	0 216	-24-5541	MRS ALFRE	ED SMULLEN	SALISBUI	CIMATE INTERVAL
78	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAN LONGO W 190, DATE OF OFERATION	U. T.C.	ing to death But	abetes Gen	INAL DISEASE OR CONDIT	JUSTONS JON GIVEN IN PART 11 FERL 103/16 TOB. IF YES, WERE FINDIN CERTIFYING CAUSES	NGS USED
	ERTIF	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES NITEM 18, PART 1 OR PART 2]	ио 🗆
		OR CONTRIBUTING CAUSE OF I		NTH DAY YEAR				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN JUR (AT HOME, STREET, FACTOR	Υ	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			A de la parece	19 78 00	d that in (my) town opinion (death occurred an the date		that (I) (we) los causes stated
		22b. SIGNATURE	Maggar	MOD		MEDICAL STAFF DIRECTOR PHYSICIAL	N D 22c. DATE	16,79
		22d. PHYSICIAN'S NAME (TYPE	D. SAGGI	FR.	237 FLUA		SALISBU	IRY
		BURIAL, CREMATION, REMOVE SPECIFY) BURLAL	I/I8/78	131 BA	PTIST CEM	23d LOCATION CITY OR TOWN POCOMOR	COUNTY MD.	STATE

DHMH-16 60M 1/73 (VR A 15 (4))

24 FUNERAL DIRECTOR

ADDRESS WILSON FUNERAL HOME SALISBURY, ND EM. POCOMOKE, MD.

250. DATE REC'D, BY REGISTRAR'S SIGNATURE

79-02678 m. ____ind___comments = the comments of the co 1/1/74 1-4-15-0 the course that making the property of the first like the

79-02679 moderate frame control of Charles I was the best of the control of the contro

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-02680

	REGISTRAR				REG. N	O.			
	ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
	Mary	Elizabeth	EL	L1077	JAM	JUARY 1.	11979	2-	カ
3 SE	EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	NOER I YEAR	IF UNDER	_
	female	white	Jun	e 28° 192°2°	56	YRS.	THS DAYS	HOURS	MI
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		DEATH		
5	Md.	U.S.A.	WIDOWE		Wicomio	20			
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C		12a USUAL OCCUPAT	ON I	126 KIND OF	F BUSINE	SS
1	Salisbury	Peninsula G	enera	1 Hospital	homema	ker	NOOSIKI		
USU 130	JAL RESIDENCE (IF NURSING HOME O STATE Md. DOI	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW Crocher	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
14 F.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE				_
	CO. 1 2 10	merica Mills		Marie	MIDDLE		Rua		
	WAS DECEASED EVER IN U.S. AF		JRITY NO.	17. INFORMANT	ADDR	SS	2101	454 7 %	-
9 10	(YES, NO OR UNKNOWN) (IF YES, GIV	213-16-	7221	John L.Ell:	iott Jr.	Croche	ron h	14.2	1
-	TIS CALISE OF DEATH (Foto: 5	nly one couse per line for (o), (b), on					APPROXIA BETWEEN O		
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	IMMEDIA	TE CAUSE (0)	7 000	ust injoc	ou conser our			un	
100	1430-	DUE TO, OR AS A CONSEQUE	ENCE OF	. /	(91	,	a	100	
	Conditions, if any, which	(b) Shara	diac	1 herorage	- Jyhus	prese	/	ary	~~
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCEOE	0				,	
	underlying couse last	ment	LIVEL OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERMI	NAI DISEASE OR CON	DITION CIVEN	INI DART 11-		=
Z	TAKE 2. OTTEK SIGNATERATO	CONDITIONS CONTRIBUTING TO	DEATH	NOT KEERIED TO THE TERM	INAL DISEASE ON COIN	DINOIN GIVEIN I	IN PART TIO		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	FRE FINDIN	GS LISET	
FIC	THE DATE OF OFERMION	The combinion for which	OFERATION	THE TENTONNED		IN CERTIFYING	G CAUSES	OF DEAT	H?
E				•	YES NO	YES		NO []
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)		
NA S	(IF EITHER, NOTIFY MEDICAL EXAMINER	DATE:	19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211_LOCATION STREET		4.1	COUNTY		-
ξ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	SIREEI	CITY OR TO	/N	LOUNIY	STA	ATE
		nital) attended the deceased from_	Jani	2 10 19	· Jane	10	79.	hor(II)(w	101
	sow the deceased alive or		79 00	d that ir (my) our) opinion d	leath accurred on the d	nte and hour an	1		,
	obove (Dewe) (did) (did no	ot) yiew the body ofter death.	•			2.12.100.010			
	22b. SIGNATURE	8011	7	DEGREE ATTENDING	AAEDICAL STA	cc	22c. DATES	SIGNED	
				PHYSICIAN [DIRECTOR PHYSIC		11/1	0/79	7
	224 PHYSICIAN'S NAME TYPE	OR PRINT)		22e. ADDRESS					
	JAMES TO.	SPENCE.		MEDICAL CEI	UTER SA.	ISBURY	mA		
22.			NIAME OF C	EMETERY OR CREMATORY	173d. LOCATION	12120101	/ //)		_
230	BURIAL, CREMATION, REMOVAL (SPECIFY) burial				CITY OR TOWN	cou	INTY	STA	TE
		1/14/79 Do	r. Me	emorial Pk.	Cambrio		or.	Md.	
24 F	tuneral director homas Funeral	P. Quess B	ox 34		REC'D. BY REGISTRAR			URE	-
4 7	momes runergl	. nome Cambri	I anh	10 21613	IN 16 1979	Land Land	100		7

Selicing Conduct Lougher Conduction

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02681

	1-	FOR STATE REGISTRAR	DEPART -		EALTH AND MENTAL HYG ICATE OF DEATH	7.9-02 REG. NO.	681
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
180	11.16	HELEN	LOUISE	}	nnis	January	7 19 5 3 4
	3 SE	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT MOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	Sent	E 2020	60 YRS	MONTHS DAYS HOURS MIN.
ei .		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUN	
u d	_	OWELLVILLE. Md	USA	WIDOWE	DIVORCED DIVORCED	Wicomico	MD.
ed	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
180		Salisbury	Peninsula Ge		l Hospital	Retired Waitr	
d ts	73a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
500	_		cester Ocean Ci	tv	YES NO	392 B.S. Harbo	r Road
min	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA.	WE	LAST
SA MA	_	Ilmer	Arvev		Addie	Elsie	Mitchell
dicol	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRESS	
age of	N	10	220-01-9	786	Mr. James M.	Ennie (husband) same as 13
t, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), ar	nd (ch.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ven		PART I. DEATH WAS CAUSE	E CAUSE (D) 1/ Con time	eur.	1. Gerelation & E	pulsoe cener	
otic		4999	DUE TO, OR AS A CONSEOU	ENCE OF			
E 00		Conditions, if ony, which			entic Cond	coveriular / has	ee
er tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU				
ath		underlying couse lost	(0)		Sale Maria II		
lury, a	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
ž-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	MAC DEDECTOR	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
Ns or	FICA	1-5-79	1 . 1	OPERATIO	-11.111	- IN CER	TIFYING CAUSES OF DEATH?
ě O	ERT	21a. ACCIDENT WAS UNDERLYING	Chaligs fela	4	21c. HOW INJURY OCCUR		YES NO A
2	_	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)
i e	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
o p	MEC	21d. INJURY OCCURRED WHILE MOT WHILE M	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke		AT WORK AT WORK					
is m		22a.1 certify that (1) (this hospi saw the deceased alive on	tol) attended the deceased from_	4.2	29 1978		_, 19_79, that-(4) (we) last
n 21		obove, (I) (we) (did) (did no	t) view the body after death.			death occurred on the date and h	
H He		22b. SIGNATURE	00.	1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
**		10.1.	my to Applied		M PHYSICIAN 3	DIRECTOR PHYSICIAN	1-18-79
RTAI	60	22d. PHYSICIAN'S NAME (TYPE O	RPRINT)		22e ADDRESS	0 1	311
MPORTANT		CAM	E8 h. (21FF	ORD	Medical	Conter Si	c/13kmy Md-
1		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
_	В	urial	1/10/79 Par	rsonst	urg Cemetery	Parsonsburg	Wic Maryland
77	_	UNERAL DIRECTOR	ADDRESS		250. D'AT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
150	H	OLLOWAY FUNERAL	HOME, Salisbury	Man	Wland J	AN 22 1979 M	ofray/Malrody

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The law attending physician.

retained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician owd campletely filled in by the should be detached for use as the burial-transit permit. Then please remaye corban popers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

(VRA 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19-02682

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02683

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.	
		CEASED NAME OR PRINT)	FIRST	٨	AIDDLE		AST		MONTH DAY YEAR	26. HOUR
	1111		FELI	P		Fac	edew	Tanua	anx 5 1979	1 2 2m
	3. SEX	64 1		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IPUNDER I YEA	
		Male	2 13	whi	te	Dec	40 4001	74	YRS.	S HOURS MIN
10		RTHPLACE (STATE OR FOI	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
	R	lussia			ssia	WIDOWE	D DIVORCED	Wicomico	FS (1.02)	MD.
30	Sa	IY OR TOWN OF DEAT		Pendins	ula Gen	eral	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FARMER		OF BUSINESS OR Y
2 ,	USUA 13a S	AL RESIDENCE (IF NURSINTATE	NG HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
10	_	ryland	Wor	cester	Pocomo.	ke	YES NO 🛛		Mill Road	1
1 17	14. FA	THER'S NAME	٨	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	24.4	AST
9		Sergei			Faceje		Nada		Naro	tw
2		VAS DECEASED EVER II		WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	Fien	Ning Mill	Road
Spire.		no			214-32	-670.	2 Stella Fac	cejew Poco	omoke City	r. Nd.
		18 CAUSE OF DEATH PART I. DEATH WA	Enter onl	y one cause per DBY:	line forcal, (b), one	110			BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
			MMEDIAT	E CAUSE (o)	hum	MMM.	^			
- 3		1309		DUE TO, OF	ASA CONSEQUE	0	C			
		Conditions, if any, gove rise to imm		(b)	1000 Mison	year	ances			
		couse (o), stating underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF				
		DART 2 OTHER SIGN	IEIC ANT C	((c)	ANTERIORITANO TO F	E A THE BLIT	NOT RELATED TO THE TERM	INIAL DISEASE OR CONI	DITION CIVEN IN DART	1/
	Z	PART 2 OTHER SIGN	IFICANT	ONDITIONS CC	NATKIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIVEN IN PART	1(0)
	CERTIFICATION	198 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	206. IF YES, WERE FINE	
9	E							YES T NOT	IN CERTIFYING CAUSE	S OF DEATH?
0	E. E.	210. ACCIDENT WAS UNDE		216. TIME O		WEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	
7	14	OR CONTRIBUTING CA		TTI TTI	M. MONTH DA	Y YEAR				
	=			P.A	Α.	19	Maria Control			
		21d INJURY OCCURRI		21e. PLACE C	OF INJURY		211 LOCATION	CITY OR TOW	VN COUNTY	CTATE
-	MEDICAL	21d INJURY OCCURRI	ED	21e. PLACE C			211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	MED	21d INJURY OCCURRI	ED LE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA			CITY OR TOW	VN COUNTY	STATE , that (I) (ver) lost
	MED	21d INJURY OCCURRI	ED LE K this hospit	21e. PLACE ((AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FACTORY,	ARM, ETC.)	STREET		. 19 79	, that (I) (wer) lost
	MED	21d INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR 22a certify that (1) (sow the decease	ED LE K this hospit	21e. PLACE ((AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FACTORY,	ARM, ETC.)	19	, to 1/5 death occurred on the do	19 7 9 ote and hour and from the	, that (I) (wer) lost
	MED	21d INJURY OCCURRING TWHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 12a I certify that (I) (I) (I) sow the decease above, (I) was (II) at 12b. SIGNATURE	this hospit d alive on. d) (did not	21e. PLACE (AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FACTORY,	ARM, ETC.)	DEGREE ATTENDING PHYSICIAN		te and hour and from the	, that (I) (we) lost ne couses stated
	MED	21d INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR 22a certify that (1) (sow the decease above, (1) (wa) (di	this hospit d alive on. d) (did not	21e. PLACE (AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FACTORY,	ARM, ETC.)	nd that in (my) (DE) opinion of DEGREE	, to, to	te and hour and from the	, that (I) (we) lost ne couses stated
	MED	21d INJURY OCCURRING TWHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 12a I certify that (I) (I) (I) sow the decease above, (I) was (II) at 12b. SIGNATURE	this hospit dalive on di (dia not	21e. PLACE (AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FJ edeceosed from 19 after death.	ARM, ETC.)	DEGREE ATTENDING PHYSICIAN	, to	te and hour and from the	, that (I) (we) lost ne couses stated
	230 B	21d. INJURY OCCURRI WHILE NOT WHI AT WORK NOT WHI SOW the deceose obove. (1) Weal (di 22b. SIGN ATURE	this hospit d alive on, d) (did not	21e. PLACE (AT HOME, STR al) ottended the view the body	DE INJURY EET, FACTORY, OFFICE, FJ edeceosed from 19 after death.	, OI	DEGREE ATTENDING PHYSICIAN	, to, to	te and hour and from the	, that (I) (we) lost ne couses stated
	23a B	21d. INJURY OCCURRI WHILE NOT WHI AT WORK NOT WHI AT WOR 22a I certify that (I) (sow the decease above, (I) (wa) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NAI URIAL, CREMATION, R	this hospit d alive on, d) (did not	21e. PLACE (AT HOME, STR all) ottended the view the body: PRINT)	DE INJURY EET, FACTORY, OFFICE, FJ deceased from	ARM, ETC.)	DEGREE ATTENDING PHYSICIAN PC ADDRESS CEMETERY OR CREMATORY Bantist Cere	MEDICAL STAF DIRECTOR PHYSIC	ote and hour and from the standard stan	that (I) (we) lost the couses stated IE SIGNED

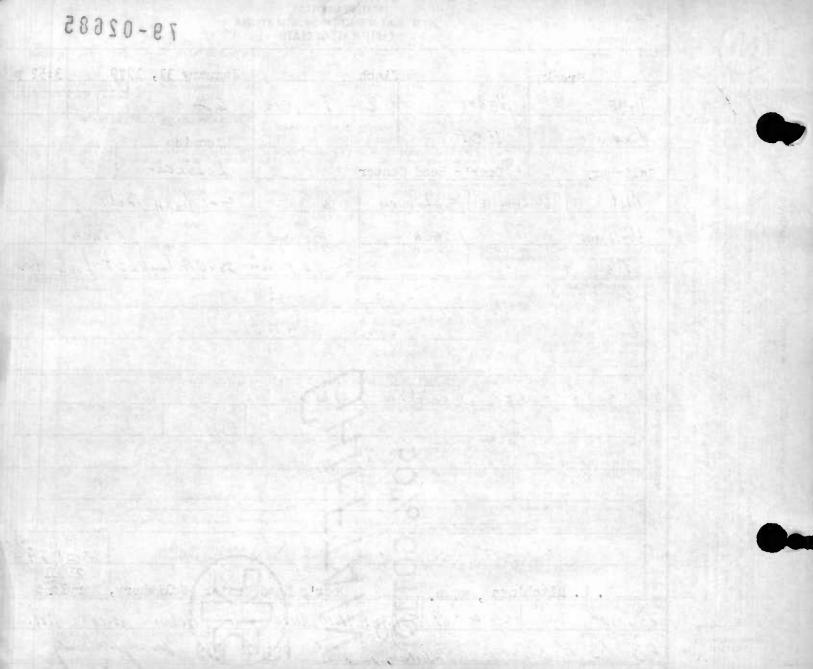
DHMH - 16 50M 7/77 (VR A 15 (4))



2)	FOR		DEPAI		MARYLAND H AND MENTAL HYG	IENE O	2004	
10	- STATE REGISTRAR				CERTIFICATE OF D	/ 11 11	2004	
and the same of th	I. DECEASED NA		MIDDLE		LAST	20. DATE KNOWN	MONTH DAY YEAR	7h HOUR
HET, SE SE			ALD R.		REBEE	OF ESTI-	1-30-79	l P _M
STR S S S S S S S S S S S S S S S S S S	Male	4 RACE	5. DATE OF BIRTH MONTH DAY 52	AGE (IN YEARS IF U	NDER 1 YR. IF UNDER 24 H	DRONOUNICED	-30-79 10	2d. HOUR
JECESSARY UNERAL DIR FOR YOU WITHIN 72 PRESTON	7a. BIRTHPLACE		76. CITIZEN OF WHAT CO	UNTRV2 Is		9 BALTIMORE CITY OF	19	
VECESS S FOR WITHIN	FOREIGNOUNT	v. Pa	USA		RIED 🛣 NEVER MARRIED [WED 🗌 DIVORCED [Wicomi	co	MD.
PAGE 5 E FILED. V	10 CITY OR TOW		11. NAME OF HOSPITAL, I	NURSING HOME, OR OT US STREET ADDRESS) General I	HER INSTITUTION 120.	USUAL OCCUPATION (TYPE	DF WORK 12b. KIND OF BU	
DELA N P P P P P P P P P P P P P P P P P P P	Salisb		Peninsula OR OTHER INSTITUTION, GIVE RESIDE		ospital	Student	(El)	4
2) AND 3 TO 2, AND 3 TO 3. RETAIN P 1. RECORDS,	130. STATE	d. Wic	omico 13c.c	alisbury			ella St.	
CCECE A	14. FATHER'S NAM	Delhar	MIDDLE FO	LAST LOO.	15. MOTHER'S MAIDEN NA	AME MIDDLE	hensell)
BALTIMORE, UNRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF	160, WAS DECEAS (YES, NO, OR UNK)		MED FORCES? WAR OR DATES) 16b. S	OCIAL SECURITY NO.	17 INFORMANT NONNELL	R. Ferebe (add Dame	watore
ST., HOLA 18 4G VG VE, L	18. CAUSE PARTI	DEATH WAS CAUSED	ly one cause per line for (a), D BY: TE CAUSE (a) Int		Hemorrhage		APPROXIMATE BETWEEN ONSET LL CAY	AND DEATH
AL. AL.	> 815	ans, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF				
W CAN TANK	couse (rise to immediate o) stating the <u>under-</u>	DUE TO, OR AS A CO	ONSEQUENCE OF				
© 2= 2€5.		ouse last.	(c)					
DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUT RITING THE WORD "PENDING" IN RDED TO THE CHIEF MEDICAL EY E 3 SHOULD BE USED AS A BURIA E DEPARTMENT OF HEALTH AND A PRIOR TO BURIAL, CREMATION, OI			CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a			
HALRE SHOULD SHOULD SPECTIFF TO SPECTIFF T	TO DATE OF THE PROPERTY OF THE	OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY?	
F VIT WOR WOR WOR WOR SURIA	21a EXTERN	VAL CAUSE WAS	21b. TIME OF INJURY	Y 21c. F	IOW INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITEM 18 PA	YES T	NO X
IFICA THE TO THE ROULL RETANE	UNDERLYIN CONTRIBU	IG OR TING CAUSE OF D	HOUR AND MONTH	26-79 PE	assenger in			
DIVISION OF VIT S CERTIFICATE SI RITING THE WO RDED TO THE C RDED TO THE C	2 ld. INJURY WHILE	OCCURRED	21e. PLACE OF INJU		CATION	CITY OR LOWN	struck p	ORO STATE
W A A A A A A A A A A A A A A A A A A A	AT WORK	NOT WHILE	road	Stephe	en Decatur I		, Wor., Md	•
CATE. CATE. FOR: FOR: VO. 21			e of the remains described a				in my opinion	
CAMI CAMI D BE IRECT VITH RYLAN	death resu	Ited from: Notur	al causes . Accide	nt X, Suicide L	J,, Homicide L, Un TITLE (SPECIFY)	ndetermined monner,		
DIVI AL EXAMINER: THIS CE HE CERTIFICATE WRITIN HOULD BE FORWARDER AAL DIRECTOR: PAGE 3 AND WITH THE STATE DE E, MARYLAND (2) 201 PRI	ACTUAL SIGNATURI	fal.		^	Denuty	AEDICAL EXAMINER	DATE SIGNED 2-1-7	9
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2017	EXAMINER' (TYPE OR PE	SNAME Earl	L. Royer,	M.D.	ADDRESS 409 Car	nden Ave.,	Salisbury.	Md.
TO A EXEC PAGE TO F A FTE 8 A FTE		ATION, REMOVAL 2		NAME OF CEMETERY		I. LOCATION		
BP	Pur 24. FUNERAL DIRE		1-31-7916	execution	hapel,	Whalevevell	e-Worc.	and
DHMH - 17 (VR A15 ME (5))			. Home, Sal	isbury. Ma		BY REGISTRAR 25b. REGIS		
15M 7/77					d. FEB	21 1979 /	true Mc Cred	

79-02684 TET-TE-2 TO THE REAL PROPERTY STATE OF LINE AND ADDRESS OF THE STATE O to the second se The alternation of the work of the state of AND COUNTY OF THE PARTY OF THE wind if summarone Intransport A beer the new offer all regarded with a line of the A a Wilder Torrette . or . . Ton . of twee . . by sur took to migot? . . Sucr x X X X A sympletical coverage and the contract of the the state of the s

-20	(M)		1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG.	9-01	2685	
	(Ia)	100		TEASED NAME FIRE	ST	^	AIDDLE		AST	20. DATE OF DEATH	MONTH OAT	YEAR	26 HOUR
	y be	25.4		Fran	k			Finch		January 3	1, 1979	9	3:52 pw
	ge 4 may		3. SEX	MALE	4 RAC	VEGK	20	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
-	Pog dire	0.	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CIT	IZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
	deoth.	00		likqiwiA	D 200	45	14.	WIDOWE		Wicomico			MD
			10. ⊂1	TY OR TOWN OF DEATH			OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND OF INDUSTRY	BUSINESS OR
-	by the filed will	71	S	alisbury			's Head (LOBERG	-R	INDUSTRI	
ND 212	24 hour illed in illed in must be	21	130 S	L RESIDENCE (IF NURSING HITATE 136	OME OR OTHER !	INSTITUTION.		E ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	, Mo	1.	
YLA	thin 2 sho		14 FA	THER'S NAME			2,7,7	129	15 MOTHER'S MAIDEN NA	ME	/		
AAR	mplet ond	221		William	MIDDLE		Finch		REGGIE	MIODLE	/	-inch	
IMORE, A	on and con	7)6a ∨ (Y	AS DECEASED EVER IN U	.S: ARMED FO		166 SOCIAL SECU	IRITY NO	Bessie Fince	h 2840 N. T		+ Phi	L. PA.
BALT	ote to sicio			18 CAUSE OF DEATH (En	nter only one	couse per	line for (o), (b), on	d (c)				SETWEEN ON	ATE INTERVAL
1.	rtificot physical propop emovo			PART I. DEATH WAS C	AUSED BY:	JSE (o)		este	se stiph	the same of	A Section		
NO	nding corbin			4415	D	UE TO, OI	R AS A CONSEQUI	ENCE OF	1				
PRESTON	deoth ottendinove coro			Conditions, If any, whi		(b)	2	ans	I artiful				
W. PR	by the Sse rem			gove rise to immedia couse (a), stating t underlying couse la	the D	(c)	R AS A CONSEQUI	ENCE OF					
, 20	signed her pled o buriol		_	PART 2. OTHER SIGNIFIC	ANT CONDI	ITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 10	
RECORDS	9 _ = ← c		CERTIFICATION	o-ld	CVF	1, 1	Thout	E V	relletur				
ECC	low re s been ermit. 1	9	ICA	190 DATE OF OPERATION	1	9b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDING NG CAUSES (SS USED OF DEATH?
	N: The laysicion.	1	RTIF						1	YES NO	YES		NO 🗆
OF VITAL		9		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		Ib. TIME O HOUR A.	HINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJL	RY IN ITEM 18, PART	1 OR PART 2)	
Ö	IYSICIA ding ph is certif buriol-ti Mentol	-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA	AMINER)	Ρ.		19					
DIVISION	offending of the this so the bull who and when the think of the bull who are the think of the th		MED	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK	1		OF INJURY BEET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	NDIR I or I or			22a.1 certify that (1) (this		tended th	e deceosed from_		, 19	, to			not (I) (we) lost
	Spito CTO I for	7		sow the deceased of above, (I) (we) (did) (did not) view	the body	ofter death.	, o	nd that in (my) (our) opinion	death accurred on the a	late and hour c	nd from the co	ouses stated
	OR A e ho DiRE Oched			22b. SIGNATURE	,		0		DEGREE ATTENDING	MEDICAL STA	EE	22c. DATE S	IGNED
	14 150		314	N. Carlotte	ENR	de	herep	ME	PHYSICIAN	DIRECTOR PHYSI		3/2	1179
		3		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)				22e. ADDRESS			218	301
	TO HOSPITA etoined by TO FUNERA should be de with the Stot			E. P. Ri	tching	75	м. р.		Deer's Head	Center Sa	lisbury	, Mary	Land
	7 5 5 ± 2 3 ₹	2	23a. E	URIAL, CREMATION, REM		DATE	236.	NAME OF	EMETERY OR CREMATORY	23d. LOCATION	C	PTMUC	STAPE
	BP		6	Eurchiel	12	2-6	-19 51	12. Wil	. Il Memory G			Vica	ma.
	DHMH - 16 50M 7/77		24 FL	INERAL DIRECTOR	-1		ADDRESS C	of Ko	250. DAT	E REC'D. BY REGISTRAF	25b, REGISTRA	R'S SIGNATU	RE
	(VR A 15 (4))	MI	6	Kenter 7.	Hua	et	Splink	ery ,	and FEB	1 19/9	Jan	7.40000	7



	1 -	FOR • STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 79-0268	37
	(TYPE	CEASED NAME ORPRINTI ON TONY OF TONY	WIOOFE	GIORDANO	20. DATE OF DEATH MONTH	79 65 A
	3. SE		4 RACE CAUC	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ej 7	. C	RTHPLACE ISTATE OR FOREIGN OUNTRY) EWARK, N. J.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OF COUNTY WICOMICO	OF DEATH
Series OB	10. CI	Salisbury		NG HOME OR OTHER INSTITUTION ADDRESS) eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Meat Cutter	126. KIND OF BUSINESS OR
State pe	130 5	STATE 1136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 132 CITY OR TOW OMICO Salisbu	/N 13d INSIDE CITY LIMITS?	Rt. 3, Shavox	Road
220		Antonio	Giordano Giordano	15 MOTHER'S MAIDEN NA Angelin	міоріє	Chianesa
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV WW	MED FORCES? 166 SOCIAL SECU E WARD DATES) 217-10-2		we Giordano (wife	e) same as 13
event, the			ily one couse per line for (0), (b), on D BY TE CAUSE (0)	Richmany Edm	ua	BETWEEN ONSET AND DEATH
oumotic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	POST Myraudial	Sypuction	HRS
other tr		gove rise to immediate couse 10%, stating the underlying couse lost.	DUE TO, ORIAS A CONSEQUI	ENCE OF Cardiovarcula	Luian	YRS
injury, or	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
no smo	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
Item 18 show	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETION CAUSE OF DELETION CALEXAMINER	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
rked or II	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	711 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive on	ital) attended the deceased from		, to, death occurred on the date and hour	19 <u>78</u> , that (I) (Cel) ost r and from the couses stated
T: If Hem		22b. SIGNATURE	M. horo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
MPORTANT:		22d. PHYSICIAN'S NAME (TYPE C	PRINT)	27e ADDRESS		

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR HOLLOWAY FUNERAL HOME, Salisbury, Maryland

23b. DATE 1/5/79

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Wicomico Memorial Park Salisbury, Wicomico, Maryland 250 DATE LEAD. A REGISTRAR'S SIGNATURE

Peninsula Ceneral Nospital

79-02688 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR

anuar IF UNDER I YEAR & AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS

9. BALTIMORE CITY OR COUNTY OF DEATH

Wicomico 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OUSE

ADDRESS

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

IF UNDER 74 HRS

HOURS

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22s. DATE SIGNED

STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

- STATE

REGISTRAR

39-02688 Witcowitz Salisaury Peninsula General Mognital OCH CHARLES THE CONTRACT OF TH LEATHY AND ARTHUR AS YOUR ASSETS AND

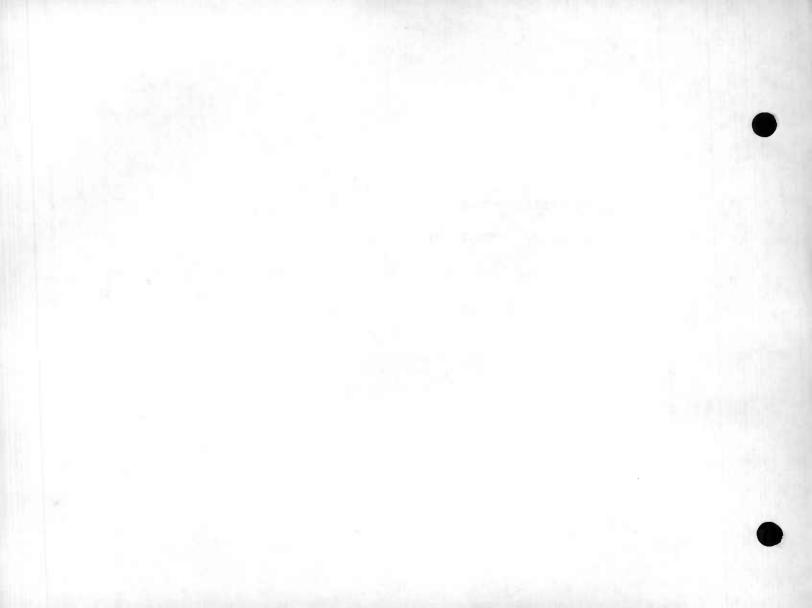
NAME: Nathaniel Harris

DATE OF DEATH: January 4, 1979

PLACE OF DEATH: Wicomico County

79-05257 SEE: # February. 1

February, 1979 Wicomico County



24. FUNERAL DIRECTOR

BP.

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

REGISTRAR I DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE

Maryland

ADDRESS

HOLLOWAY FUNERAL HOME. Salisbury.

MIDDLE

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LAST	REG, NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOL)R
Hickory	Tanga 44 19 1970 9.	30
5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER	4
MONTH DAY YEAR	86	MI
May 22, 1892	YRS	
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
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NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION 12b KIND OF BUSING (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	ESS
neral Hospital	Housework none	
E ADMISSION) (N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
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15 MOTHER'S MAIDEN NA	AAIDDI A	
on Amanda	Soletha Little	
IRITY NO. 17 INFORMANT	daughter) ADDRESS	
048 Mrs. Mildred	L. Fullbrook, same as 13	
Oral Huanil	APPROXIMATE INTER BETWEEN ONSET AND	
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DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-
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PARM, ETC.) 21f. LOCATION STREET	7. to 1-11. 19 79, that (1) (1)	we)
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Salidating Penimenta Ceneral Pospital

STATE OF MARYLAND

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					STATE	OF MARTLAND				
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4 mo	3. SE		4 RACE		S DATE C		6 AGE (IN YEARS LAST BIRT	MC	FUNDER 1 YEAR	IF UNDER 24 HRS
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arthin 2 sh	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
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been priori	ATIC	19a DATE OF OPERATION	19b CONE	DITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
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ding physici sis certificate buriol-transi Mental Hygi or Item 18 sh		OR CONTRIBUTING CAUSE OF	DEATH	.m. month	DAY YEAR	DIVERSE				
HYSh nding his ce buri d Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION STREET	CITY OR TOV	MAIL STATE OF THE	COUNTY	STATE
offer the sthe	X	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFIC	E, FARM, ETC.)	O C	2 // CITY OK TON		COUNTY	STATE
ADIN Or Se o		220.1 certify that (1) (this ho	ispital) attended t	he deceased from	0/1	1 1960		, 15	9/7.1	hat (1) (we) last
Porto		sow the deceased alive	not) view vie bad	v after death.	, on	d that in (my) (our) opinian	death accurred on the d	ate and hour o	ond from the c	ouses stated
OR A hos liked ched ched hem		22 SIGNATURE	16	11/	/ 1	DEGREE			22c. DATE S	SIGNED
Y the y the RAL D detacler at ED.		MUL	All	Will	~	ATTENDING PHYSICIAN	MEDICAL STA		1/16	179
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TO HOSPITAL retained by to TO FUNERAL should be def with the State IMPORTANT:		Dr. Earl M	. Beard	slev.	M.D.	Civic Ave	and Rt. 50). Sa1	ichur	vMd
of of which of the office of t	23a. E	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	7		A STANE
BP		BURIAL	JAN 19	,1979 3	SAND TOW	N CEMETERY	HILLSBOR		LINE	ARYLAND
DHMH - 16 50M 7/77	24 Ft	INERAL DIRECTOR		ADDRESS		1 1/1	N 2 5 1979	25b. REGISTR	AR'S SYNAT	RE
(VR A 15 (4))		CHAI	RLES W. H	HILL, DE	M , NOTV	D(21629) JA	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.57	/	-7

CHARLES W. HILL, DENTON, MD(21629)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH YEAR 2b HOUR (TYPE OR PRINT) OF ESTI-EDWARD DEATH MATED YOUR FILES. LEE 1979 HUDSON 3. SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY MONTHS PRONOUNCED male negro DEAD 1979 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY 5 FOR MARRIED NEVER MARRIED Wicomico DIVORCED 3 FILED, CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Peninsula General Hospital OR INDUSTRY Salisbury MAINTANC BE 3. RETAIN SHOULD BE RECORDS USUAL RESIDENCE (IF IN NURSING H 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRES YES [NO R 14. FATHER'S NAME GES 1, 2 15. MOTHER'S MAIDEN NAMI MD MIDDLE 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION . PAGES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL ALONG V VICAL EXAMINER ALONG V A BURIAL-TRANSIT PERMIT. 1 AND MENTAL HYGIENE, D TION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wounds of abdomen IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, C PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) MEDIC, MEDICAL CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR,TO BURIAL, 90 YES 😾 THE CHAIN NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH :54 P.M. Shot during altercation 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. If LOCATION AT WORK NOT WHILE street, factory, farm, etc.) COUNTY STATE (Harbor Rd. West Ocean City Worcester Md. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection DIRECTOR: Inquiry and in my apinian Hamicide X death resulted fran Accident Suicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 2. FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE y memorial charges - Pt **DHMH - 17** (VR A15 ME (5)) 30M 7/73

.c. 2016 cc.

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ine must be natified aronce.

MPORTANT: If Item 21 is marked ar Item 18 shows ony injury, or other traumatic event, the

FOR

STATE OF MARYLAND DEPAR

TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. 1		9	- (2	6	9	613
LAST	20 DATE OF DEATH	MOI	HTM	DA	Υ	YEAR		2h

1	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		033	
		CEASED NAME FIRST ORPRINT)	MIDDLE	H	otton	1	. 22		B P M
	3 SE>	MALE	4 RACE	S DATE OF BIRTH MONTH DAY YEAR S DATE OF BIRTH MONTH DAY YEAR TOUNTRY? B MARRIED DEVER MARRIED DIVENTMENT BOOK OF THE INSTITUTION ITALL, NURSING HOME OR OTHER INSTITUTION ITALL GENERAL HOSPITAL RESIDENCE BEFORE ADMISSION) CITY OR TOWN HARPITO DIVENTMENT ADDRESS ASSISTED DESCRIPTION IS MOTHER'S MAIDEN NAME FIRST FIRST FIRST IS STREET ADDRESS ACONSEQUENCE OF WINDLE DESCRIPTION IF YES DESCRIPTION ACONSEQUENCE OF WINDLE DESCRIPTION IF YES DESCRIPTION IF YES DESCRIPTION ACONSEQUENCE OF WINDLE DESCRIPTION IF YES DESCRIPTION IN CERTIFYING CAUSES OF YES DESCRIPTION IN CERTIFYING CAUSES OF IN CERTIFYING CAUSES OF IN CERTIFYING CAUSES OF IN CERTIFY IN CAUSES OF	DAY\$ HO	NDER ⁸ 24 HRS JRS MIN			
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4	5	Salisbury	Peninsula Ge	nera		(TYPE OF WORK FOR MOST O			SINESSOR
5	13a S	Md, ISB COUN	12 1/2001	N,	YES NO I	- SHAROT	Rt 1 old	School	Rd
2		SWOCKLEY	AIDDLE HOTTON	1	ANNIE	WIDDLE	Robert	LAST	
1	60 W	/AS DECEASED EVER IN U.S. AR/ es, no or unknown) (IF yes, give	war or dates) 166. SOCIAL SECU	3929	SOFFIE	Hotton	11	ptown	1
	IION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) UCM ONDITIONS CONTRIBUTING TO D	Myl	byenne luk	LMMA INAL DISEASE OR CONI			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING	AUSES OF	USED DEATH?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IFEITHER, NOTIFY MEDICAL EXAMINER)	P.M.			ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2}	
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		22b. SIGNATURE) 0	M	ATTENDING PHYSICIAN		F _	(. DATE SIGN	VED
		22d. PHYSICIAN SNAME (TYPE OF	PRINT)		A .	medical (Center		38
	23 8	URIA, CREMATION, REMOVAL	236. DATE 23ch	ION	CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	COUNTY COUNTY	000	state

DHMH-16 50M7/77 (VR A 15 (4))

BP

24 FUNERAL DIRECTOR Forks SHISBURY FUNERAL

JAN 2 4 1979

79-02693 polition III Salisbuty Feathaule Coneral Hospital Commence of the second second

STATE OF MARYLAND

79-02694

Palistry Peningula Teneral Hospital

1	And the second	STATE OF MARYLAND	
C/11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7. 9	- 0 2 6 9 5
_ Xi	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3	REG. NO.
/70	ECEASED NAME VPE OR PRINT) FIRST	MIDDLE LAST 20. DATE OF	KNOWN MONTH DAY YEAR 26. HOUR
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E	m 15	1 18 26 53-YRS. DEAD	
TS 3 A 70. I	BIRTHPLACE (STATE OR OREIGN TEOUNTRY 1/7	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIM	ORE CITY OR COUNTY OF DEATH
	Berlin	WIDOWED DIVORCED []	orcesler MD.
3 1D. C	MITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCU	PATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
6 1 8 1 1	Derlin	. Kt # 3 Boy 10 / Derly 10 Rete	Led Masonaly
10. C 301 M	TAL RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 136 CHTY OR TOWN 138 INSIDE CITY LIMITS? 130 STREET ADDRE	ss of on the
0C#	Ma. 10 ps	cester Berlin YES Now Scho	officed St.
	FATHER'S NAME	MIDDLE PIST 15. MOTHER'S MAIDEN NAME	MIDDLE)
230	Francis	sarman Nella	newton
	WAS DECEASED EVER IN U.S. ARM (YES, NO. OR UNKNOWN) (IF ESSENCE W	ED FORCES? / 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS A. Besten, Del
/	yes now	ean 1215-20.1105 Nella suls	nan RIH 3 Bod 109
	CAUSE OF DEATH (Enter only	ane cause per line for (g). (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
GENE, C	PART I DEATH WAS CAUSED	1 / I I I I I I I I I I I I I I I I I I	ell -
AND MENTAL HYGIENE. DN, OR REMOVAL.	1629	DUE TO, OR AS A CONSEQUENCE OF	
NO	Canditians, if any, which gave rise to immediate	(b)	
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BURIAL, CREMATION, O			
5 - 3	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
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MEDICAL	CONTRIBUTING CAUSE OF DE		
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-	WHILE AT WORK		
21201		of the remains described obave, held an Autapsy , Inspection , Inquiry	, and in my apinian
프	death resulted fram: Natura		
RYL	1 1	TITLE SPECIET)	111
, ₹ _	ACTUAL SIGNATURE	CEMENT ATTLE HOLE M.D. DEMULY MEDICAL EXAM	AINER DATE 1/25/19
TER DEATH, WITH THE STATEMORE, MARYLAND, 21:	V		
NO NO	EXAMINER'S NAME (TYPE OR PRINT)	ADDRESS	
230.	BURIAL) CREMATION, REMOVAL 23		COUNTY STATE O
	Political !	1-25-19 Ceres meen Berli	in work, ma,
	FUNERAL DIRECTOR	OVALANTES SOLIS DEL 250. DATE REC'D. BY REGISTRA	AR 256. REGISTRAR'S SIGNATURE
5))	Tully tem.	FFR 2 1070	Tistry McCready

			STATE OF MARYL	AND	0.0
	1.	FOR STATE	DEPARTMENT OF HEALTH AND		90
		REGISTRAR	CERTIFICATE OF I	DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE		DAY YEAR 26 HOUR
a Co	,,,,,	Einei	r J.L. Johnson	January-	1 1977 10:00 PM
m od	3 SE		4. RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLY)	IF UNDER LYEAR IF UNDER 24 HRS
4 0.0		Male	White June 2	1897 81 YRS	MONTHS DAYS HOURS MIN
Po dir	7a BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
n 72	N	ew York	USA MARRIED WEVER	Wicomico Wicomico	MD
within with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS		126 KIND OF BUSINESS OR
by the filed of	5	Salisbury	Peninsula General Hos	spital WARK FOR MOST OF WORKING LIFE	New York City
b ou	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 17Y 136 CITY OR TOWN 1136 INSIDE C		The state of the s
filled hould be by the bound by	M	aryland War	rester Snow Hill YES	NO PIGE STREET ADDRESS	
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ecut		AS DECEASED EVER IN U.S. AR		ANT ADDRESS	may ren
Poges Poges		ES, NOOR UNKNOWN) (IF YES, GIVI	VALUES) 088144508 haur	3 F. Johnson Sugu	Hill Mil
sicion pers.			ly one couse per line for 101, (b), and (c).	21. 12111301, 011000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npo mov		PART I. DEATH WAS CAUSE		accident	
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by toose r		underlying couse lost	Due 10, OR AS A CONSEQUENCE OF		
gned n pled buriol		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(o)
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been mit. prior ony is	CAT	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	DRMED 20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
hos hos	TIF		V 1		YING CAUSES OF DEATH?
N: Ti hysicie ronsid Hygiri 18 shd	w w	210. ACCIDENT WAS UNDERLYING		JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
PHYSICIAN: T ending physici this certificate buriol-tronsind Mentol Hyg	AL	OR CONTRIBUTING CAUSE OF DEA			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY AND HOME STREET EACH OF THE STREET STREET	ON CITY OF TOWN	COUNTY STATE
	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITOKIOWA	COUNTY
	-/	220.1 certify that (I) (this been	col) ottended the deceased from 12 31 78	_, 19, to 9	19 19 , that (1) (methost
R ATTENI hospital RECTOR: ned for us ppt. of He	1	sow the deceased alive on above. (1) (we) (did) (d	t) view the body ofter death.	(and opinion death occurred on the date and house	r and from the couses stated
8 4 8 9 d a	/-	226. SIGNATURE	DEGREE		220 DATE SIGNED
2 0 0 ±		K Odne	y an emuch m.D.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	119179
HOSPITAL HOSPITAL FUNERAL Wild be dett h the Stote		22d. PHYSICIAN'S NAME (TYPE O	(PRINT) 22e ADDRES		W = I = Seal
O HOSPITAL etoined by t TO FUNERAL should be det with the Store		KOUNEY	VA. WENRICH KA	Y AVE. SALISBUR	md. 21881
Open Open Open Open Open Open Open Open	23a E	URIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY CR	23d. LOCATION SULTY OR TOWN	COUNTY 2 CTATE 2
BP	1	Buria/	1-13-79 Bates Meth	odist Snow Hill	Maryland
DHMH - 16 50M 1/76	24 FU	NER TO DIRECTOR	ADDRESS	250 DATE PREC'D BY REGUSTANE 256. REGIST	RAR'S SIGNATURE
(VR A 15 (4))	1	Brown of hear	mes Snow Hill Med		/ 6/

79-02697 Salisbury Peninsula Capari Rossital La La Sara Sala

I DECEASED NAME LAST 20. DATE OF DEATH (TYPE OR PRINT) anuar 3. SEL COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED OWN OF DEATH ROTHER INSTITUTION 12b. KIND OF BUSINESS OR DUSTRY Salisbury Peninsula General Hospital BALTIMORE, MARYLAND 21201 USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 14 FATHER 15 MOTHER'S MAIDEN NAME 160 WAS RECEASED EVER IN U.S. ARMED FORCES (YES NE OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 18 CAUSE OF DEATH Enter only one cause per line for PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated deceased alive on. ō we) (did) did not view the body after death doove/Th 226. SIGNATU DEGREE Oche ATTENDING 1 MEDICAL DIRECTOR PHYSICIAN PHYSICIAN PORTANT 22d. PHYSICIAINS NAME (TYPE OR PRINT) 22e ADDRESS ould b 230 BURIAL CREMATION, REMOVAL CEMETERY OR CREMATORY BP.

FOR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND 9-02698 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

26 HOUR

NO [

22c DATE SIGNED

STATE

19-02698 Salisburg Tening alls Canonal Rospital Discovery THE STREET X NEW YORK STREET Bury That Hillian Carres St. Bat & Clear CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

Funeral Home

13-02639 And the second s Divine Still A St. Still BENNING STILL STATE

STATE OF MARYLAND

may be

ofter death. Page

director, page 3

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages I and 2 should be filled within 72 hauft the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

ST.	ATE	OF	MARYLAND	

70-02701

	1	FOR	DEPARTM	RENT OF HEALTH AND MENTAL HYC	GIENE 19-U	2101
N	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
10	1. DE	CEASED NAME FIRST /	MIDDLE (LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1		E OR PRINT)	the Ophu	KELSAW		23 1978 1 PM
	3. SE	Y COLO	A RACE	5 DATE OF BIRTH	JANUARY 6 AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	3. 3E	^	2	MONTH DAY YEAR	. ~	MONTHS DAYS HOURS MIN
. (32)	7 0	M	13	5 30 10	68 YRS	
Se A		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF COUNTY O	
oto		Uq.	UZH	WIDOWED DIVORCED		MD.
P G A		Salisbury	11. NAME OF HOSPITAL, NURSIN	Meral Hospital	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
200		sarrspury	Peninsula Ge	nerar nospitar	Houltry	Laborer
9 00 /	USU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		130. STREET ADDRESS	
E S		. / / / / / / / / / / / / / / / / / / /	comed Variens	8 .	P.O. Bod	14
in in	14 F/	ATHER'S NAME		15 MOTHER'S MAIDEN NA		3 //
5//		Off.	MIDDLE KAST	rus Kal	MIDDLE H	bhris
O O		WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS /	11 . 0
ned	{	YES, NO OR UNKNOWN) (IF YES, GIV	VILL AGO DATES)	4984 margas	et Kolsaw (as	ld. Barne as abon
the		VA CALISE OF DEATH STATE	nly one couse per liga-for (o), (b), one	110111111111111111111111111111111111111	Cr 1 Gentler	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,		PART I. DEATH WAS CAUSE	D BY:	Bed D		BETWEEN ONSET AND DEATH
O G C		1MMEDIA	TE CAUSE (0)	and the sti	feele	Mischen I
noti		7-149	DUE TO, OR AS A CONSEQUE	NGEOF 1 / 1.	-/	11/
ron		Conditions, if ony, which gove rise to immediate	(b) C) Ch	relized for se	1030600000	Mayour
Jer 1		couse (D), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
r at	190	underlying couse last.	(c)			
٧. ٥	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
<u>5</u>	CERTIFICATION	anopinio	deer with	Mossill Herse	rhose -	
any	18	140 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	106 AUTOPSY? 206. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
S N	Ē	1/16/79	Blending 6	3556 : 13km		YES \(\begin{array}{c} \text{NO} \\ \ext{NO} \\
8 5	1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
E 7		OR CONTRIBUTING CAUSE OF DE				
± ±e	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
0	WEL	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY
orke		AT WORK AT WORK			- /	79
.s			ital) attended the deceased from	19/9/ 19/8		, 19, that (I) (we) lost
121		obove, (I we) (did) did no	or view the body ofter death.	, and that in (my) (our) apinion	death accurred on the date and h	our and from the causes stated
Her		22b. SIGNATURE	/ /	DEGREE		22c. DATE SIGNED
T. #	1	A //N/14	111	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/23/79
Z-		22d PHYSCIANS NAMEGIYAE	DR PRINTE	22e ADDRESS		
MPORTA		(2) amil	1. hences M	11) - 1/5/6.	n (n)	2/20/
₹ 1	220	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d LOCATION	700/
	230.	(SPECIFY)	1 30 VAIE	1 An Gun it	CHYORTOWN	COUNTY
-	24	sural	11-00-17	rien was them it	TE REC'D BY REGISTRAR 256 REA	TRIPIE SIGNATURE
77	14	ONERAL DIRECTOR	Phonboo- Kouss	Salis med, 100 DAI		MAKS SILVATINE
	14	welly / remix	Just MACA,	I - E	B 2 19/9	

DHMH - 16 50M 7/77 (VR A 15 (4))

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etained by the haspital or attending physician.

TO HOSPITAL

79-02701 Salisbury | Pontagela Ceremal Foresteal AND THE REAL PROPERTY OF THE PARTY OF THE PA STATE OF THE PARTY arms of the second of the seco

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-LEGATES WILLIAM DEATH MATED SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 24. AST BIRTHDAY PRONOUNCED 11 White Male 6 64 DEAD YRS 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH De Laware MARRIED K NEVER MARRIED USA Wicomico WIDOWED [DIVORCED O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) General Hospital Salisbury Peninsula USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rt. I. Bob Spence Rd. T3a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Wicomico Parsonsburg YES [NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM MIDDLE MIDDLE Phippin Legates Martin 7. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 221-07-4608 Mary M. Legates rdl Parsonsburg Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION ae USED AS ATMENT OF HEALT 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL YES -NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION ARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FOR,
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Matural causes Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 1-15-79 DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Earl Camden Ave., Salisbury, Md. Royer. M.D. 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Laurel Hill Cemetery Laurel Delaware BP. buria JUSSEX 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE box 678 **DHMH-17** (VR A15 ME (5)) Windsor & Disharoon, Laurel, Del. 15M 7/77

	Items #18a-22a FOR - STATE	Film G530 1/3/79 rs	TATE OF MARYLAND OF HEALTH AND MENTAL HY LINER'S CERTIFICATE OF	70-	02703
1. D	REGISTRAR PECEASED NAME FIRST	MIDDLE	LAST LAST	20. DATE KNOWN	NO. MONTH DAY YEAR 26 HOUR
	YPE OR PRINT) Ali	ce Loretta	Leith	OF ESTI-	T 1 20 - 70
OTHER 13. 21		5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR
WORKER DIRECTOR.	Female White	12-18-26 50	YRS. MONTHS DAYS HOURS A	PRONOUNCED DEAD	1 28 1979 10:1
Z S	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED) <u> </u>	OR COUNTY OF DEATH
2 > 1 2 4 W	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	WIDOWED DIVORCED	Worce 20. USUAL OCCUPATION (T	ester County, MD.
\$ 10 m	Ocean City	735 Bradley Roa	ESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	JAL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD-	MISSION)	191 11011	
35 130.	STATE MA COL	WOR 136. CITY OR TOW	YES NO	735 BRA	DOLEY RD.
14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	2000 LAST
06	SAMUEL	BERRY	MAKGI	ARET 15	FRRY
NOSINI 1	WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT -1504 CLARON	W. LEITI	L DIEAN TH
	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), and (c).		יווכוא	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS	SED BY: ALCOholis			BETWEEN ONSET AND DEATH
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NO _M	Conditions, if any, which	te / (b)			
OR REMOVAL	lying couse lost.	DUE TO, OR AS A CONSEQUEN	CE OF		
	PART 2 OTHER SIGNIFICANT CONDITIO	(c) NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DICEASE OR COMPUTION CIVEN IN BARY	1	
NATIO		CONTRIBUTION TO OCCUMENT BOT NOT RECENTED TO THE	TERMINAL DISEASE OR CONDITION GIFEN IN PART	(0).	
BURIAL, CREMATION,	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		2D. AUTOPSY?
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PRIOR TO	CONTRIBUTING CAUSE O	F DEATH P.M. 19 21e PLACE OF INJURY (ATHOM			
21201 PRK	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
21201			on Autopsy X, Inspection		
		tural causes Accident .		Undetermined monner	and in my opinion
ARYLAND,	1 1	:- 1 (6/ 10	TITLE (SPECIFY)		
E, MARYLAND,	ACTUAL SIGNATURE	ple the Thull	Assistant	_MEDICAL EXAMINER	DATE 1/29/79 SIGNED 1/29/79
AFTER DEATH, BALTIMORE, MA	EXAMINER'S NAME Ma	rgarita Korell, M.D	111	Penn St. H	Baltimore, MD.
BALTIMORE, STATE OF S	BURIAL, CREMATION, REMOVAL		ADDIKESS	23d. LOCATION CITY OR TOWN	Jazonnore, rib.
6	REMATION	1-31-79 CAPE	HELDREN GREM.	LEWES.	SUSSEX DEL
7 (5))	FUNERAL DIRECTOR	ADDRESS A	Ma 250. DATE REC	C'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
" 6	ILLRICH YUNE	eal HAE USERLI	N /110,	FFR 5 1979	property Malready

79-02704 . allemery Peninsula Coneral Hospital

FOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours of with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02705

	WAS DECEASED EVER IN U.S. (UNKNOWN) 60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Entername) Conditions, if ony, which gove rise to immediate couse to istoring the underlying couse lost PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) WHILE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER) AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIB		CERTIFIC		REG. N	0		
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3 SE		4 RACE	S. DATE OF	BIRTO	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24
	Female	White	MONTH	6 96	80	YRS. MO	NTHS DAYS	HOURS
		76 CITIZEN OF WHAT COL	INTRY? 8		9 BALTIMORE CITY		FDEATH	-
		USA	WIDOWED	NEVER MARRIED L	WICOMICO			
_		11. NAME OF HOSPITAL,	NURSING HOME OR		12a USUAL OCCUPAT		12b. KIND O	F BUSINES
- (Salisburv	WICOMICO WU		YK E	Employee C		rvice	
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)		4			
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		3011120 0411	J	IS MOTHER'S MAIDEN N				
	4	Bell Bell	AST	Dora	WIDDIE	S.	(un)	known
160 \	WAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDR			
		IVE WAR OR DATES)		Mr. Robert	son) A. Logan, Ne	w Cumbe	Hillsid	de Dr
					200011, 110			MATE INTERV.
	PART I. DEATH WAS CAU	SED BY:	1121	Ca al.	1 1		BEIWEEN	INSET AND D
5.7	IMMEDI	ATE CAUSE (0)	100		Y		-	
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	underlying couse lost	977	that.	chal	1112 -			
		60/	1-400	7000	601-0			
z	PART Z. OTHER SIGNIFICAN	L CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	IOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 16	3)
ATIO	IA. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20s AUTOPSY?	20b. IF YES, V	WEDE EINIDIN	ICS LISED
FIC	THE DATE OF OPERATION	178 CONDITION TOR	WHICH OF EKATION	WASTERIORMED		IN CERTIFY	NG CAUSES	OF DEATH
ERT	21- ACCIDENT WAS HINDSHIVE	216. TIME OF INJURY		21° HOW IN HIPV OCC	JRRED (ENTER NATURE OF INJU	YES	hand .	
ū				CIL HOW INJURT OCCU			I OR PART 2)	NO 🗆
-	OR CONTRIBUTING CAUSE OF D		m DMI ICIM		SKILED TELLER INTOKE OF HOO	transmin, raki		NO []
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MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 OFFICE, FARM, ETC.)	211 LOCATION			2.4	STAT
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINITY 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this has	P,M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 OFFICE, FARM, ETC.) from	211 LOCATION STREET	CITY OR TOV	/N / 19 . 19	,	STAT
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MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINITED AT WORK NOTIFY MEDICAL EXAMINITED AT WORK 220. I certify that (I) (this has sow the deceased alive to above, (I) (we) (did) (did)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, opital) attended the decessed on the place of the place	19 OFFICE, FARM, ETC.) from	211 LOCATION STREET . 19 I that in (my) (our) apinic	to, to, to, to death occurred on the d	vn 199. 19 Die and haur d	nd from the	stat
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINITY 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has saw the deceased alive to above, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, spital) attended the defeased on not view the body after death	19 OFFICE, FARM, ETC.) from	THE LOCATION STREET . 19 I that in (my) (our) apinic EGREE ATTENDING PHYSICIAN 22e ADDRESS	to	vn 199. 19 Die and haur d	nd from the	stat
	(IF EITHER, NOTIFY MEDICAL EXAMINITED AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, STR	19 OFFICE, FARM, ETC.) from	Thot in (my) (our) opinic EGREE ATTENDING PHYSICIAN 22e ADDRESS Salisbury	to	ote and hour o	nd from the	stat that (I) (we couses state
23a.	(IF EITHER, NOTIFY MEDICAL EXAMINITY 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has saw the deceased alive to above, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, STR	19 OFFICE, FARM, ETC.) from	THE LOCATION STREET . 19 I that in (my) (our) apinic EGREE ATTENDING PHYSICIAN 22e ADDRESS	on death accurred on the d MEDICAL DIRECTOR PHYSIC Maryland 1233. LOCATION CITY OR TOWN	ote and hour o	nd from the	STAT

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

14 FUNERAL DIRECTOR
HOLLOWAY FUNERAL HOME, Salisbury, Maryland

250. DATE RECD. BY REGISTRANGES REGISTRANGS SIGNATURE

STATE OF MARYLAND

ADDRESS

HOLLOWAY FUNERAL HOME, Salisbury, Maryland

LAST

FOR

- STATE

REGISTRAR 1. DECEASED NAME

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HE OAYS 9 BALTIMORE CITY OR COUNTY OF DEATH Wicomice) 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife none 13e STREET ADDRESS 204 Long Ave. MIODLE Brown son 7, S. Kaywood Maddox, Salisbury, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH L DECEASED NAME 26 HOUR TYPE OR PRINTE 3 SEX RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) OF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY MONTHS DAYS TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH LOUNTRY? COUNTRY MARRIED NEVER MARRIED Wicomico WIDOWED X DIVORCED | II CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF Peninsula General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE | 136. COLY OR TOWN | 137. 13d INSIDE CITY LIMITS? NO X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) VILAR fruit ent DUE TO, OR AS A CONSEQUENCE OF Kencie Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21(HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 77h SIGNATHRE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS

23c. NAME OF CEMETERY, OR CREMATORY

BP. DHMH - 16 50M 7/77

0

O

Dept

FUNERAL I

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DRT,

23a BURIAL, CREMATION, REMOVAL

 ∞

(VRA 15 (4))

23h DATE

23d LOCATION

OR TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02709

2	1 -	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
death	(TYPE	EASED NAME FIRST	A RACE S. DATE OF BIRTH	JANUARY 20 1979 15
	I. SE	-emale	White 6 MONTH 3 DAY 9 YEAR	6. AGE (IN YEARS LAST BIRTHEAY) IF UNDER 1 YEAR IF UNDER 24 H
Seed of Parce	e Bil	RTHPLACE STATE OR FOREIGN	76. CITUEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWCOLD DIVORCED	Wicomico
O. Ried		Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital	120 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
The state of the s	USUA 13a. S	TATE 13b, COU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1TY 136. CITY.OR TOWN 13d. INSIDE CITY LIMITS? VES NO [130 STREET ADDRESS BOX 209
22/	4. FA	THER'S NAME FIRST OF	DODLE HOUTH 227 15 MOTHER'S MAIDEN NAV	ME ROBLE Me 55124
e medical	6a. ₩ (Y	(AS DECEASED EVER IN U.S., AR ES. (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT STANKS 13-01-167 S James	L. MUNE, 57/1595
or other traumotic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) TO EVENT & Ban DUE TO, OR AS A CONSEQUENCE OF (c)	mth metalai
4	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
nws and	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NO
The GOLD		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
orked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STAT
m 21 is mo		sow the deceased alive an above, (1) (we) (did) (did no	t) view the body after death.	death occurred on the date and hour and from the causes state
NT: If the		276. SIGNATURE		MEDICAL STAFF DIRECTOR PHYSICIAN 1-22-79
MAPORTANT		JOSEPH Z.		DA AUE SALISBURY MD
	(5	URIAL, CREMATION, REMOVAL PECIFY) BUL 3	1/23/79 GYACE LAWN CON	123d LOCATION Castle, Del, STATE
777 2	4. FU	INERATORECTOR 193	A ADDRESS I I A A A A A A A A A A A A A A A A A	E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1					STATE OF MAKTLAND		
9		1	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE 79-0	2710
	(a.f.)	-	REGISTRAR			REG. NO	
	INV		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	deor		Grac	e 1	Moore	Nanuar	4 20, 1979 7:45 AM
	fer po	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST MIRT	
	ge 4	1	emale	White	9-12-01	17	YRS DAYS HOURS MIN
	. Pog hour hour	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? B MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	death.	1	Taryland	U.S.A	WIDOWED DIVORCED	Wi	COMICO MD.
	he f	10. 0	ITY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
10	by the filed	2	alisbury	1110 E, Ch4.	rch St.	Teache	
2120	hou hou	USU 130,	AL RESIDENCE (IF MURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
MARYLAND	filled hould be	1	Tary land Wic	emico Salist	NO D	1110E.	Church St.
RYL	2 sh	14: F	ATHER'S NAME	MIDDLE & JUAST	15 MOTHER'S MAIDEN NA		
MA	omple Tond		James 1	E. Dickers	son Rowe	MIDDLE	Shorkley
RE,			WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	SS
BALTIMOR	a co e		NO -	- 21936	THE Genrae (Moore	Salishury My
ALT	sice bers. of.		18 CAUSE OF DEATH (Enter or	nly one couse per line (a rai, (b), c	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	physical physical properties on paper emoval.		PART I. DEATH WAS CAUSE	D BY	mount 6/66	bon c	BLI WEEN ONSET AND DEATH
TS N	nding corbor or ren		1539 IMMEDIA	TE CHOSE (S)			
PRESTON	0 0 0		Conditions, if any, which	DUE TO, OR AS A CONTEO	elistas.		
PRE	he de		gove rise to immediate	10)			
₹	by the		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	JENCE OF		
201	s the		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONI	DITION CIVEN IN PART I
ZDS,	equire n signi Then p to bu	Z	THE STOCK ST	CONTINUE CONTINUE TO	DESTI DOTTO RELATED TO THE TERM	MINAL DISEASE OR CON	THON GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	ow re been trmit. I prior ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
LRE	The lost incion.	IFF				YES TI NOT	IN CERTIFYING CAUSES OF DEATH?
TI A	ore ore lygical short		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR		
JF.V	SICIAN: ng physicertifical nriol-tron frem 18 s		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
N C	HYSK nding nis ce buris I Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
11510	G PHYSICIAN: The in intending physicion. In this certificote hos the buriol-tronsit per ond Mentol Hygiene ked or Item 18 shows	M.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOW	OUNTY STATE
ā	Z + S = Ta			(tal) attenued the deceased from	1/21/ 78	15	13178
	F He S		sow the deceased alive on	17131	111	death occurred on the de	that (1) (we) last the and hour against the and hour against the causes stated
	P 0 1 4 0 14		obove, (I) (we) (did) (did no	view the body after death.	DEGREE		22c. DATE SIGNED
			M. SIGINATORE	1/1	ATTENDING	MEDICAL STAF	
	PITAL by th by th ERAL e deto Stote Stote		22d. PHYSICHAN'S NAME (TYPE O			DIRECTOR PHYSIC	IAN
	HOSPITAL HOS		THE OTHER OF THE OTHER	W PRINT	22e ADDRESS		
	TO HOSPITAL etoined by 1 TO FUNERAL should be de with the Stort IMPORTANT:						
	\/	23o.	BURIAL, CREMATION, REMOVAL	1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	/ c// CONTY STATE
	BP	X	341101	1-22-79	sales mein,	Snow	4,11, Mary/2011
	DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	INERAL DIRECTOR	- ADDRESS	11411 A. 1 250. DA	AN 2 5 1979	25b. RECASTRAR'S SIGNATURE
	(+K M 10 (4))	1 6	17 maring of Nd	Chan a Sun Dec	11.11 14/11		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

79-02711

FOR - STATE

REGISTRAR

BUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02712

YEAR

AONIHS DAYS

INDUSTRY

7h HOUR

HOURS

12b. KIND OF BUSINESS OR

NO IT

STATE

COUNTY

COUNTY

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE OF MARYLAND

CERTIFICATE OF DEATH

19-02712 Calishury - Perinsula Coneral Hospital - Coneral and other was to want to the said of the

5	FOR
	1 - STATE

STATE OF MARYLAND

70-02713

1	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO.	
	ECEASED NAME	FIRST	WIDDLE	į.	AST	20 DATE OF DEATH MONTH DA	YEAR 26. HOUR
3. SE		mily 4 RACE	LeCato	DATE C	ARKS	Somuary 26	1979 5: 209M
				MONTH	DAY YEAR	M	ONTHS DAYS HOURS MIN
	emale		casian	July	1, 1918	60 YRS	
	BIRTHPLACE (STATE OR FOR COUNTRY) irginia	70 01112	EN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED D	Wicomico	OF DEATH ME
2	Salisbury		ME OF HOSPITAL, NURSIN OT INSUCH FACILITY GIVESTREN ENINSULA GE		al Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales Clerk	126 KIND OF BUSINESS OR INDUSTRY Dept. Store
13a	STATE	Accomack	TITUTION, GIVE RESIDENCE BEFORE 130 CITY OR TOWN Belle Ha	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Box 185	
1	ohn R. LeCa	MIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRST Drum	WIDDLE	LAST
16a	WAS DECEASED EVER IN	VU.S ARMED FOR		RITY NO.	17 INFORMANT	ADDRESS	
N		(IF YES, GIVE WAR OR D	227-38-7	7275	Cecil D. Par	rks Box 185 Belle	e Haven. Va.
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one co S CAUSED BY: MMEDIATE CAUSE	use per line for (a), (b), and	qui	by anest		BETWEEN ONSET AND DEATH
	Conditions, if any, gave rise to imme cause (a), stating underlying cause	which ediate DUE	TO, OR AS A CONSEQUE	boul	herorage		3days
			(c)				
z	1 1		ons <u>contributing to d</u>	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a
CERTIFICATION	19a. DATE OF OPERATI		CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
1	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21e.	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased	alive an	nded the deceased fram	79. or	. 17	death occurred on the date and hour	9_19_, that (1) (we) last and from the couses stated
1	226. SIGNATORE	200			DEGREE		22c. DATE SIGNED
1/	1				ATTENDING	MEDICAL STAFF	1 26 79

BP.

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL Burial 1-29-79 Onancock Cemetery 24 FUNERAL DIRECTOR Doughty Box 633 Exmore, Va. 23350

236. DATE

PHYSICIAN'S NAME (TYPE OF PRINT

James W. Spence

23c NAME OF CEMETERY OR CREMATORY

Medical Center

22e ADDRESS

23d. LOCATION

Virginia

Accomack **Onancock** 250. DATE REC'D.

Salisbury, Maryland

Salison to

alistary Peninsula Comoral Hospital

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02714

REGISTRAR			REG. N	0.
PECEASED NAME FIRST	MIDDLE	Dane	20 DATE OF DEATH	MONTH DAY YEAR 26 HOU
HE	LEN N	FAYNE	JANUAR	HOAY) IF UNDER I YEAR IF UNDER
7	WHITE	MONTH DAY YEAR	AGE (IN YEARS EAST BIRT	MONTHS DAYS HOURS
	76 CITIZEN OF WHAT COUNTRY	17 8	9 BALTIMORE CITY O	R COUNTY OF DEATH
MARYLAND	U.S.A.	WIDOWED DIVORCED	Wicomico	
	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION SET ADDRESS)	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	
UAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		KETIRGE	
MD. SO	MERSET N.HON	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	P.D BOX 4 114
FATHER S NAME	MIDDLE / LAST			- IAST
SIDNEY	I NORA	15 MARY	ELEAN	OR DOUGHER
	VE WAR OR DATES)	7	ADDRE	
ND			YNE- CHA	
PART I. DEATH WAS CAUS	FD BY:	()		APPROXIMATE INTER
182 A IMMEDIA				
Conditions if any which	DUE TO, OR AS A CONSEO	DUENCE OF		
gove rise to immediate	(6)			
underlying cause lost	DUE TO, OR AS A CONSEO	UENCE OF		The second
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	THOPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEAT
OR CONTRACTOR CALLER OF DE	2 16. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	YES NO	IN CERTIFYING CAUSES OF DEAT
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 2)d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211. HOW INJURY OCCURI	YES NO	IN CERTIFYING CAUSES OF DEAT YES NO (RY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 271. HOW INJURY OCCURI 19 271 LOCATION STREET	YES NO	IN CERTIFYING CAUSES OF DEAT YES NO (RY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 211. HOW INJURY OCCURI 19 211. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NOSE NOSE RED (ENTER NATURE OF INJUR CITY OR TOW	IN CERTIFYING CAUSES OF DEAT YES NO PART 1 OR PART 2) VN COUNTY S1
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceosed alive or above, (1), (1), (1)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 211 LOCATION STREET 21 On thot in (my) (que) opinion	YES NOSE NOSE RED (ENTER NATURE OF INJUR CITY OR TOW	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM 18, PART 1 OR PART 2) YOUNG COUNTY ST 13 19 74 , that (1) (4) ofte and hour and from the causes steep
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 210. Ottended the deceased from	DAY YEAR 19 211. HOW INJURY OCCURI 19 211. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NOSE NOSE RED (ENTER NATURE OF INJUR CITY OR TOW	IN CERTIFYING CAUSES OF DEAT YES NO PART 1 OR PART 2) YES OUNTY ST COUNTY ST 27c. DATE SIGNED
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 228. I certify that (I) (this hosp sow the deceased alive or above. (I) (Marc) (did) (did) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE 11 view the body ofter death	DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET 212 (my) (pur) opinion DEGREE ATTENDING PHYSICIAN 5	YES NO NO NOTION OF INJURE	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY ST 13 19 79, that (I) (4) Date and hour and from the causes state 27c. DATE SIGNED
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceosed alive or above, (1), (1), (1)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE 11 view the body ofter death	DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STRE	YES NOSE NOSE CITY OR TOW NOSE NEDICAL STAIL	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY ST 13 19 79, that (I) (4) Date and hour and from the causes state 27c. DATE SIGNED
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or must be notified of once.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE	CERTIFICATE OF DEATH

79-02715

	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	1	MIDDLE		AST		YEAR 26 HOUR
		Rober		н.	Pe	rry	JANUARY 16	1979 1 PM
	3. SE		4 RACE		5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS
	7. 01	Male		gro	TT-	25-1912	66 _{YRS.}	
2 Conce	10 BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		D A NEVER MARRIED	BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH
talo	10 C	ITY OR TOWN OF DEATH			WIDOWE	DR OTHER INSTITUTION	120. USUAL OCCUPATION	MD.
188		alisbury	(IF NOT IN SU	CH FACILITY, GIVE STREET A	DDRESS)	Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Self. Emp.	INDUSTRY
ben	USU.	AL RESIDENCE (IF NURSING HOME	R OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSIONI			Vault Co.
Isnu S	130. 3	Md. 136 COL	Dor.	Cambrid	ge	13d INSIDE CITY LIMITS? YES X NO	517 Cedar St.	
nine.	14 FA	ATHER'S NAME	MIDDLE	4467		15. MOTHER'S MAIDEN NAM	ME	The same of the sa
8771	M	John	W.	Perr	y	Hattie	MIDDLE M.	Pinder
dico	16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT (WIF		
E O		No		214-07-	8871	Emma Perry	517 Cedar ST.	Camb., Md.
, +		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe	er line far (a), (b), and	(C),1			BETWEEN ONSET AND DEATH
even			TE CAUSE (o)	Use.	mea			
potic		1303	DUE TO, C	R AS A CONSEQUEN	NGE OF	7	11	
roor		Conditions, if ony, which gave rise to immediate	(b)_	Diak	so les	Dephra	nalky	
other t		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUEN	NCE OF	d/ /	800	
or of		ondenying cause last.	(c)_	0,	apr	(e) ME	elliles)	
lory.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
ny In	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED
5mc 9	F						YES NOT YES	ING CAUSES OF DEATH?
9	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PA	
Lea /		OR CONTRIBUTING CAUSE OF DI	AIII	LM. MONTH DAY	Y YEAR			
ō	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY TREET, EACTORY, OFFICE, FAI		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
rked	>	WHILE NOT WHILE AT WORK	(At HOME, 3)	IREET, EACTORY, GEFICE, FAI	RM, EIC.)			COUNTY
s mo		220.1 certify that (1) (this hosp	1/1/	he deceased from	17	16 , 19.79		9 79 , that (1) (we) last
17 0		sow the deceosed alive o obove, (1) (we) (did) (did n	ot) view tile body	ofter death.	, ar	nd that in (my) (our) apinion a	deoth occurred on the date and hour	ond from the couses stated
t ten		22b. SIGNATURE	d	11	///	DEGREE ATTENDING	MEDICAL _ STAFF	22c. DATE SIGNED
z		190	neto	as. (how	PHYSICIAN Z	DIRECTOR PHYSICIAN	/16/19
MPORTANT: If Hem		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PIIA.I		22e. ADDRESS	n	2
MA MA	-	DEN/10	0.	MAN		377-0	Muer 310le	A.
	73e. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial	1-20-	70		AME Cem.	23d LOCATION CITY OR TOWN	COUNTY STATE
	24 FI	UNERAL DIRECTOR		1001	OUGT		Camb., D	or. Md.
	L	.M. Boardley	Cambr	idge oress Md	. 2]	1613	AN 99 1070	/

					STATE OF MARYLAND		
		1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		02716
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noy be poge 3 or death		0.051		sephine	Purvell	1-24-	IF UNDER I YEAR IF UNDER 24 HRS
or,	Ä	3. SE	emale	A. RACE	5 DATE OF BIRTH MONTH DAY YEAR MAN 19 9 4	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
th. Page	2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
deoth.	3	9	ERIN, MD.	USA	WIDOWED DIVORCED	MICOMIC	
by the falled with	90	5	HIS DURY		NURSING HOME OF OTHER INSTITUTION E STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
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hould	2	N	ARYLAND	WOR OCO	1 N CITY YES ON NO [PALT 1.	NVU
pletely nd 2 s	21	14 FA	THER'S NAME	MIDDLE LA	ST FIRST	WE	LAST
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Poges medical	2			GIVE WAR OR DATES)	FAMILY	PERMED	
cior ers.				r only one couse per line for (a),	(b), ond (c	CUCUCU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy			PART I. DEATH WAS CA	USED BY	rebul Ortrin	Sclerosis	
carbo carbo or re			4378	DUE TO, OR AS A CON	ISEQUENCE OF		
nove offon froum	1		Conditions, if any, which gove rise to immediate				
by the Sse ren I, crem other			cause (a), stoting the underlying couse lost	DUE TO, OR AS A CON	ISEQUENCE OF		
plec urio			PART 2 OTHER SIGNIFICAL	NI CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASTOR CONDITION	GIVEN IN PART 1/g
Then to b		NO	arterio	Schoolic	Cordio Vascul	on Westo	
rmit priar any	X	CERTIFICATION	19a DATE OF ORERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
te hos isit per igiene shows	1	RTIF		The or billion	12). How himpy occurs	YES NO	YES NO
Ltror of Hy n 18	X		2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FOEATH HOUR A.M. MONT	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
burio Men ar He		DICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
the the ond		MEDI	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY.	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
R: After use os feolth o			22a certify that (this h	ospital attended the deseased	from 1004 7 19 76	10 You 24	. 19 1, that (P (we) lost
of to			saw the deceased olive obove, 🎉 (we) (did) (did)	on view he body ofter death		deoth occurred on the date and	hour and from the couses stated
the hospiration of the properties of the part. of the part. of the part. of the part.			226. SIGNATURE	0 11.0	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
ERAL e det Stote	-		22d. PHYSICIAN'S NAME (T	DE OF ORDINITY	M. D. ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	1/25/19
TO FUNERAL Ishould be deto with the Stote MyPORTANT: II			THOMAS	5 C. Hill.	JR Pine Blu	If Rood, So	holowy Md.
TO FUNE should be with the			URIAL, CREMATION, REMO		Vet	23d LOCATION CITY OF OWN	COUNTY
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16 50M 1/76 A 15 (4) }		14 1	NERAL DIRECTOR	11/200 13	RESS 250. DA	E. PEC'DI BY RECHARA P 25b. RA	aut fix is your will sooly
		10	V411 1110	TUN TUN CO			

				MARYLAND S	TATE DEPARTMENT O	F HEALTH		34	
1			DIVISION OF VIT	AL RECORDS, 301	W. PRESTON STREET, BA	ALTIMORE, MARYLI H	70912002	717	
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	3. SE		4. RACE	N. C. C.	S. DATE OF BIRTH	6. 1			IDER 24 HRS.
		F	W		6-3-92		86 YRS.	INS UNIS HOUR	(2) Milli
M	7à. E	SIRTHPLACE (State or foreign,	7b. CITIZEN OF WHAT C	/	ARRIED NEVER MARRIED	9. COUNTY OF DEA			
_	10. 4	TY OR TOWN/OF DEATH	111 NAME (OF HOSPITAL OR INSTITUT	DOWED DIVORCED	Wicomic USUAL OCCUPATION (Kin-		2b. KIND OF BUSIN	Md.
90		alisbury, Mc	Sali	oddress)		most of work in the	wen if refired f	NDUSTRY hon	-6
21		USUAL RESIDENCE (Where dece	osed lived, if institution:		TITY OR TOWN 13d. INSIDE C		AND NUMBER	101	
35	2	MRY/AND	13b. COUNTY, CE	mico Fi	HSVILLE YES	NO□ 3	31 111A1	110 St.	
224	14. [ATHER'S NAME First	TISS Middle	KER	15. MOTHER'S MAIDEN NAM	AE First	Middle	RIJ Los	st
CHI C	160.	WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT		Address	main/c	1
1	(Y	es, no, of unlenown) (If yes give	war or dates of service)	86-30-312	8 MRS. LAUR.	allous,	5	Pit	Sville
		1B. CAUSE OF DEATH (Enter of	only one cause per line fo	r (o), (b), ond (c).)	1-1-1	-		APPROXIMATE INT BETWEEN ONLY AN	ND DEATH.
		PART I. DEATH WAS CAUS	TATE CAUSE (o)	wana	ial man	1000		/m	/
		Conditions, if ony, which gove	DUE TO, OR AS	CONSEQUENCE OF	athorase	Course		an	
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		stoting the underlying couse	OUE 10, OR AS A	CONSEQUENCE OF /					
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RE	LATED TO THE JERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1(o)		
	2	pro, m	40 Coud	w/m/a	uction				
0	CATIC	70. DATE OF OPERATION 19	. CONDITION FOR WHICH C	PERATION WAS PERFOR		CALISES OF	WERE FINDINGS CONSIDEATH?	DERED IN CERTIFY	ING
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJ	IIDV	YES NO			10.)	
9	MEDICAL C	OR CONTRIBUTING CAUSE OF (EATH HOUR A.M. M	onth Doy Year	ZIC HOW HOOK! OCCORRED (ciner notice of injuly in	roll 1 of roll 2, field	10.]	
	MEDI	(If either, notify medical exam 21d. INJURY OCCURRED 21	PLACE OF INILIRY (AT H	19 OME, FARM, STREET, FACTORY, CE BUILDING, ETC.	21f. LOCATION Street or R.F.D	. No. City or T	own Co	ounty	Stote
		While Not while of work	(OH)	ce bolcomo, etc.	12/20	nd 1	1		
		22a. I certify that (I) (t		ed The Legeosed fi	om,	9/0, to //	19/9		(we) las
		sow the accosed	olive on(did) (did		, and that in (my) (aur)	apinian aeain accu	rrea on the date o	ina naur ana	tram the
		22b. StGNETURE	16	1/4	M ATTENDING	MED. ST	AFF 22c. DAFE	SICHE	
		July >	filly	ely.	PHYS.	DIRECTOR PH		1/11.	
1	1	NAME (Type)		0	22e. ADDRESS		-	/	
	230	RUPIAL CREMATION 23h	M. Beards		TERY OR CREMATORY	Ave &Rt	50, Sal	isbury	MD.
		PROTOVAL Specify)	118/1979	PH	ville (xm	. 5	egil.	Hallh	=
(4)	24.	FUNERAL DIRECTOR	1/1	DDRE55	250. REC	DABY REGISTRAN 97	25b. RECISTRAD = SIG	MARE Craft	70.
O	7	411-BAKE	R - DOUN	15-111	S SURY/ DATE	THE NATION			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ottending physician.

retained by the haspital or

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the funeral director, page. 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death ywith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

may be

STATE OF MARYLAND

79-02718

V		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		
		CEASED NAME OR PRINT	ARDI EVANS	S DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH DIVERSITY 6 AGE (IN YEARS LAST BIRTI	MONTH DAY YEAR 26. HOUR 2 12, 1979 8 PART OF THE PROPERTY OF	M RS
75	C	RTHPLACE ISTATE OR FOREIGN DUNTER	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF WICOMIC	0	MD.
30		Salisbury	Peninsula Ge	eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OR .
35	130	TATE 134 COUNTY OF ARRY LAND	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW OLGAN	ADMISSION) 13d INSIDE CITY LIMITS? YES NO D		y's 1+1LL	
23			MADDLE HOMAS EVAN MED FORCES? 166 SOCIAL SECU	SMARY	PILIGR ADDRE	ENU-	
d		YES, NO ONUNKNOWN) (IF YES, GIVE	216-42-0	1481 MR. J. THOMAS	EVANS Q	CEAN CITY ME APPROXIMATE INTERVAL BETWEEN OMSET AND DEAT	_
	TION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT OF	DBY: TE CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	Nonic Kenal NCE OF Hole DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 1(0)	н
9	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
9	MEDICAL CE	spw the decepsed olive on	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET 211 LOCATION STREET 212 (19 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	city or tow	te and hour and from the courses stated 22c. DATE SIGNED.	
1	30	22d PHYSICIAN'S NAME (TYPEO	RPRINT)	22. ADDRESS 547	D-RIVE!	NSIDE DRIVE	
	(3	SURIAL, CREMATION, REMOVAL SPECIFIC JULIAL J	23b. DATE 23c. N 116/79 Sy ADDRESS	NAME OF CEMETERY OF CREMATORY NO SOT MEMURINE 250. DATE	23d. LOCATION CHAOR TOWN (3 C.A.)	COUNTY STATE ON OR 25b. REGISTRAR'S SIGNATURE COUNTY COUNT	7

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR TYPE OR PRINTS ESTI-FRANK GUSTAV DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR PRONOUNCED Male White May 20.1894 84 DEAD Jan. 18 10 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore, Md. MARRIED NEVER MARRIED USA WIDOWED DIVORCED WICOMICO D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Salisbury Home - Hampshire Road Salesman CORDS. Appliance USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Wicomico Salisbury Rt. 6. Hampshire Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OP SI Reinhardt Gustav Marie 14n WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION (son Nilles 212-12-7311 Franz Lee Reinhardt. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which Arteriosclerotic Heart Disease vears gave rise to immediate couse (a) stating the under-DUEN OF DRAX ACRING BOWENCE TOF lying cause last. Diabetes Mellitus vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIN YES 🗍 NO TO BE PRIOR TO BURIN 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 220. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE ER DEATH, Deputy MEDICAL EXAMINER EXAMINER'S NAME Rover. ER Camden Ave., Salisbury, Maryland ADDRESS 409 (TYPE OR PRINT) 0 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Buria Wicomico Memorial Salisbury. Wicomico. 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) Salisbury, Maryland HOLLOWAY FUNERAL HOME. 30M 7/73

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STATE OF MARYLAND

79-02721 C C C Lagran de de la lagranda de la lagra

moy be eral director, page 3 3. SEX 4 within 24 hours after death. Page 7a. BIRTHPLACE IO CITY OR TOWN TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by i should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE 4 FATHER'S NAME medicol aami executed 160 WAS DECEASE certificate be injury, or other traumotic event, the MEDICAL CERTIFICATION IMPORTANT: If Item 21 is morked or Item 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician. 23a. BURIAL, CREMA

BP

DHMH - 16 50M 1/76

(VR A 15 (4))

1 -	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	IENE 7.9 - 0 7	2722	
	CEASED NAME FIRST	MIDDLE	LAS1		MONTH DAY YEAR	2b. HOUR
(1111)	Barbar	2 Jean Ro	BINSON	JANUAR	Y 14 197	9 35 4
3. SE	Female	0 n	TE OF BIRTH DAY 9 449	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
C	RTHPLACE (STATE OR FOREIGN OUNTRY)	1 1/.	RIED NEVER MARRIED	BALTIMORE CITY C	OR COUNTY OF DEATH	MD.
S	alisbury	11. NAME OF HOSPITAL, NURSING HOM UENOT IN SUCH FACILITY GIVE STREET ADDRESS) Peninsula Gene	ral Hospital	120. USUAL OCCUPATE		DOF BUSINESS OR
130 3	Ma Wi	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY 130. CITY OR TOWNY	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	B0x 23	7
	MINGORYNE	MIDDLER. ROGINSIA	15. MOTHER'S MAIDEN NAM	<1718 MIDDLE	Dougi	25 11
	VAS DECEASED EVER IN U.S. AI YES, NOOLUNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO	Catherine	Robinso	n, aikanto	co, 2185/
	PARTI DEATH WAS CAUSI IMMEDIA Conditions, if ony, which	nly one couse per line to (a), (b), ond (c) ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF		y Eden	re 1	Was You
2 2	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				0
N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH B	SUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH?
EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c HOW INJURY OCCURRI 9	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	2)
MEDI	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	sow the deceased alive or	or view the body ofter death.	ond that in (our) opinion d	eath occurred on the d	ote and hour and from t	_, that (I) (we) last the couses stated
	226. SIGNATURE A TAY	an J	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF/	14-79
	22d PHTSICIANTS NAME (TYPE O	PRINT) TON JR	Pa-H	SAZ	Issury M	2
{:	BURIAL, CREMATION, REMOVAL SPECIFY) BOX/Z	23b. DATE /79 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION QUENT	ticex counts	STATE
74 FL	INERAL DIRECTOR	Jesseil, BWZh	18) MJ. ISO DATE	N 1 9 1979	25h. RI STAR'S SI K	Elredy

Section of the Carlot Annual Company

may be

executed within 24 hours offer

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haurs after deaths, with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02723

		REGISTRAR		CERTIFICATE OF DEAT	H TREG. NO	
CON	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	
A.	Por	Queen	1100	skis Scott		1 28-79 M
14	3 SE	×	A RACE	5 DATE OF BIRTH MONTH DAY	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
77		IRTHPLACE ISTATE OR FOREIGN OUNTRY) ALLAN S.C	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIED NEVER MARRI WIDOWED DIVORC	_ ///	COUNTY OF DEATH CAMULE MD.
20	4	alishury	WIND IN SUCH FACILITY	Jack Manor		ON JORKING LIFE INDUSTRY FLEREN
35	13a S	AL RESIDENCE (IF NURSING HOME OR STATE) 36 COUN		Y OR TOWN 13d INSIDE CITY LIV	X RTHI Wal	lertown
22/	14 FA	ATHER'S NAME FIRST SAME	iel met	Bride 15 MOTHER'S MAIL	ucretio	? ?
) medical		WAS DECÉASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (# YES, GIVE	MED FORCES? 166 SO WAR OR DATES)	1-10-1360A Name	I Scatt and	! same asabore)
nt, rne		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for i			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (o)	metastatic o	Carcinoma	6 mis
E I		1870	DUE TO, OR AS A C	CONSEQUENCE OF CELL CO	WC WILLIAMS	3,100
no.		Conditions, if any, which gave rise to immediate) (0)		(rectolors)	2425
o Lucia		couse (a), stating the underlying couse last	DUE TO, OR AS A C	ONSEQUENCE OF		
ury, or	NO		1	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(6)
2	CERTIFICATIO	190 DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO [2]	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4 44 446	Y ONTH DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
Tked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO		CITY OR TOWN	N COUNTY STATE
A 4 1 35 1110		220 1 certify that (1) (this hasping saw the deceased alive an abave (1) (we (idid)) (did no	1-27	19 76 and that in (my) (aur)	apinion death accurred on the dat	, 19 that (1) (we) lost te and haur and from the causes stated
		276. SIGNATURE	Bulhel	DEGREE ATTEN PHYSI	DING MEDICAL STAFF	
1		22d. PHYSICIAN'S NAME (TYPE OF	RPRINT]	22e ADDRESS		
_	(BURIAL, CREMATION, REMOVAL (SPECIE)	3-2-79	23 MAME OF CEMETERY OR CREM	Lalish	way wice, state
	29.8	Wheral Director Mamil	Chapil R	Alis. md.	250. DATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE

BP______ DHMH-16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

79-02723

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02724

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.			
	CEASED NAME E OR PRINT)	FIRST EWELL		ERIDGE	Si	nITH	1 ANUA		1799 2	8 A N	
3. SE	x Male	20.1	1. RACE	White	5. DATE O	DAY YEAR	6. AGE IN YEARS LAST			FUNDER 24 HRS HOURS MIN	
	COUNTRY)			J.S.A. WIDOWE		DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO				
sa:	ity or town of DE Lisbury,	M.d	Penin	HEACILITY, GIVE STR	enera	ROTHER INSTITUTION 1 Hospital	120. USUAL OCCUP (TYPE OF WORK FOR MO: Waterman	ATION	12b. KIND OF 1 INDUSTRY Seafor	BUSINESS OR	
USU. 13a S	ALRESIDENCE FIF NUR STATE aryland	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEI 134 CITY OR TO Crist	ORE ADMISSION)	All the state of t	13e SIREET ADDRES	rs Cove	Apts.		
Theodore			Smith			fs. MOTHER'S MAIDEN NAME FIRST	MIDDLE Walters			rs	
	WAS DECEASED EVER YES, NO OR UNKNOWN)		med Forces? 166 SOCIAL SECURITION NOTE: 218-03-91			Georgianna M.		ame as	13 a,b,c	o,d,e	
z	Conditions, if ony, which gove rise to immediate couse (lot), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										
CERTIFICATION	190. DATE OF OPERATION 196. CO			TION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING CA		ING CAUSES OF	FINDINGS USED AUSES OF DEATH?	
MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE (M. MONTH M.	19	216. HOW INJURY OCCURR 216. LOCATION STREET	CURRED JENIER NATURE OF INJURY IN ITEM 18, PART OR PART 2) CITY OR TOWN COUNTY STATE				
	22e.1 certify that (f) (this basolial) attended the deceased from 12 24 19 8 10 9 9 19 19 19 19 19 19 19 19 19 19 19 19										
1	22d PHYSICIAN'S NAME (TYPE OF PRINT) TOSEPHO N. GRASSO 22e ADDRESS EN INSULA GENERAL STATES OF THE									PITAL	
23a. E	BURIAL, CREMATION SPECIFY) Burial		236. DATE 1/11/	,		emetery or crematory dge Cemetery	23d. LOCATION CITY OR TOWN		COUNTY COMERSET	STATE Md.	

DHMH-16 60M 1/73

Bradshaw & Sons (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

Crisfield, Md. 21817 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

casa de la companya d x specific that o Hoge Offeng-orga Ogagetarnal, Seith Roma undividuation 1/11/mc distribute placed in the first court of the CONTRACTOR OF THE STATE OF THE

28.28 1818 - La By Callering

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02776

	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
	CEASED NAME EOR PRINT)	JOHN	٨	VIDDIE .		ÜLLIN, JR.	20 DATE OF DEATH JANUA	MONTH	9 1979	26 HOUR
3. SE	x male		RACE Whit	e	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	4
76 B	IRTHPLACE (STATE COUNTRY)			WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY O	OR COUNT		
10 C	or town of the salisbur	Y II	NAME OF H	HOSPITAL, NURSING HEACILITY GIVE STREET A	GHOME C ADDRESS) enera	ROTHER INSTITUTION Al Hospital	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST O retired	ION OF WORKING	LIFE) INDUSTRY	
Ma	aryland		ester	GIVE RESIDENCE BEFORE 131. CITY OR TOWN POCOMO		13d INSIDE CITY LIMITS? YES 🔀 NO 🗌		ut S	treet	
	Tohn WAS DECEASED EV	1		Smullin		IS MOTHER'S MAIDEN NA Elizabe IN INFORMANT	th	POS TIT	Dur lnut S	ham
	YES, NO OR UNKNOWN)	(IF YES, GIVE W			-203				ke Cit	
	Conditions, if of gave rise to	immediate	DUE TO, O	AS A CONSEQUE		7				
CATION	gave rise to couse (a), sto underlying ca	ny, which immediate ating the use last.	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	RAS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF Y	ES, WERE FIND	INGS USED
CERTIFICATION	gave rise to couse to strunderlying ca PART 2. OTHER S	ny, which immediate of the original state of the original state. IGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUE	NCE OF		20a AUTOPSY? YES	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS USED
MEDICAL CERTIFICATION	gave rise to couse to strunderlying co PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY MITS AND THE CONTRIBUTION CONTRIBUT	ny, which immediate at the state of the stat	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CC 196. CONDITIONS A.M 216. PLACE C	R AS A CONSEQUE INTRIBUTING TO D TION FOR WHICH OF FINJURY M. MONTH DA	NCE OF DEATH BUT OPERATION Y YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES	20b. IF Y IN CERT Y IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH
	gave rise to couse to structure	ny, which immediate ating the use last. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH DICALEXAMINER) JURRED I WHILE WORK	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDI 21b. TIME OI HOUR A.A. 21e PLACE C (ATHOME, STRI	R AS A CONSEQUE TION FOR WHICH OF FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURI 21L LOCATION SIREET 19	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YI IN CERT IN TEM 18	ES, WERE FIND TIFYING CAUSE YES COUNTY 19 19 19 19 19 Our and fram the	INGS USED S OF DEATH NO STATI
	gave rise to couse 10. See 10.	INV. Which immediate the string the use last. IGNIFICANT CO RATION UNDERLYING	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS 21b. TIME OI HOUR A.A. 21e PLACE C (ATHOME, STRI	R AS A CONSEQUE TION FOR WHICH OF FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d	20b. IF Y IN CERT IN CERT IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES COUNTY 19 19 19 19 19 Our and fram the	INGS USED S OF DEATH
MEDICAL	gave rise to couse 10. See 10.	INV. Which immediate the string the use last. IGNIFICANT CO WINDERLYING CAUSE OF DEATH DICALEXAMINER WORK (I) (this hospital assed alive on cased alive o	DUE TO, OR (c) DUE TO, OR (c) NDITIONS CC 19b. CONDITIONS 21b. TIME OI HOUR A.A. P.A. 21c PLACE C (ATHOME, STRI	TION FOR WHICH OF INJURY M. MONTH DA OF INJURY EET. FACTORY, OFFICE, FA Offer death. OF MILE OFFICE OFFICE, FA OFFICE OFFICE OFFI OFFICE OFFI OFFICE OFFI O	OPERATION Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	20b. IF Y IN CERT IN CERT IN STEM 18	ES, WERE FIND TIFYING CAUSE YES COUNTY 19 19 19 19 19 Our and fram the	INGS USED S OF DEATH NO STATI

Pocomoke City, Md.

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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

X	R	1-	tems #] FOR STATE REGISTRAR	L8-22a F1			MENT OF						79-	-02	72	7	
			CEASED NAMI	E FIRST		WIDDLE	EZZZZZZZ		AST	CATEO		a. DATE	REG.		TH DAY	Y YEAR	Zb. HOUR
	- S. S. P.	(TYF	E OR PRINT)	ROBERT	ALLE	ΞM	SMET	EKER				OF	ESTI- MATED	Committee of the Commit	-26		P
	RECTOR. IR FILES. HOURS	3. SE	(4 RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UNI		IF UNDER 2		c. DATE		MONT	H DA	AY YEAR	2d HOUR
	DIRE OUR 72 H	Ma	le	White	Oct. 4,	1921	57 YE	MOINT	S DAYS	HOURS	MIN P	RONOUN		n. 2	7	19 79	
	10 7 44	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT															
	NECES FOR FOR			ity, Pa.	USA			WIDOWI	435	DIVORCE			OMICO				AAD
	S H X H	ID. C	TY OR TOWN	OF DEATH	11. NAME OF HO			, OR OTHE	R INSTITUT	TION	12e USUA		ATION (TYPE OF WOR	≥K 12b. F	KIND OF BU OR INDUSTR	SINESS
	ELAY SE FILAY	Sa	lisbury	V	Baysinge	er Tra	iler F	ark F	I-12		Emp	lovee	reti	redS		al Seci	
=	RETAIN PEL	USUA	L RESIDENCE TATE	(IF IN NURSING HOME OF	OTHER INSTITUTION, G	IVE RESIDENCE	OR TOWN	ON)	13d INSIDE CI	TV 1 IMITS2	13e STREE						
120	S AN	Ma	ryland	Wico			alisbur		YES 🗌	NO 🗆				ger T	rail	Ler Pa	rk
MD. 21201	I V V S	14. F/	THER'S NAME		MIDDLE		LAST	11	15. MOTHE	R'S MAIDEN	NNAME	MI	IDDLE			LAST	
RE,	GES SW P		Roscoe	9	В.		leker			dah				-	A	llen	
MO	FTER DE E PAGE FORM ES 1 AN	{Y	ES, NO, OR UNKNO	D EVER IN U.S. ARM	VAR OR DATES)	-	IAL SECURITY		17. INFORM				ADDRE				-075
MALT	BALT JRS A JRS A WITH PAGI		S	WWI) - 16-87	78	Mrs.	. Loui	ise Si	nedek	ker (wife		ame as	_13
	⊇ 60 ~ ⊔	7/	18 CAUSE O PART I DE	F DEATH (Enter anly	y ane cause per line BY:	e for (a), (b)	barbit	ol Do	i coni	TO . CO					BE	APPROXIMATE ETWEEN ONSET	AND DEATH
NO	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD. "PENDING" IN PENCIL IN TEM. 18, ROBE TO THE CHIEF MEDICAL EXAMINER ALONG VE S 3 SHOULD BE USED AS A BURAL, TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGENE, D PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(m)	IMMEDIATI	E CAUSE (o)				TSOIL	ng						hours	3
EST		Conditions, if ony, which															
. P	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL	5/1		se to immediate stating the under-	(b)	AS A CON	ISEQUENCE C	26			_				-		
0 V	A X X X X		lying cau		00210,01	AS A COI	ISE GOEINCE (Jr									
35, 3			PART 2 DINER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PART	T 1 (e)						
ON	"PENDING" "PENDING" "PENDING" "FE AS A BU SED AS A BU CREMATION,	NO															
REC	글로프라프 >	CERTIFICATION	19c. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION WA	S PERFORA	MED?					20.	AUTOPSY?	
/ITA	A S H D O A	TIFE			E 22											YES 🔲	NO 🍱
OF.	ATE SHO E WORD THE CH LD BE U AENT OI BURIAL	CER	21e EXTERNA	L CAUSE WAS	216. TIME O		DAY, YEAR	21c. HO	W INJURY	OCCURRED	(ENTER NA	TURE OF INJU	URY IN ITEM	18 PART 1 OR	PART 2)		
NO	RTIFICATI VG THE V SHOULD PARTMEN OR TO BU	CAL	CONTRIBUTION	NG CAUSE OF D	EATH P.M	1. 1/	26/1979	Se		duced							
IVIS	SEE SEE	MEDICAL	21d. INJURY C	OCCURRED	21e. PLACE STREET, FAC	OF INJURY TORY, FARM, ET	(AT HOME,	2 If. LOC	REET			CITY OR TOW	VN		COUNTY		STATE
۵	WRI WARI AGE ATE 2011		AT WORK	NOT WHILE AT WORK	0	wn ho	me	H-1	2 Bay	singe	r Tra	. Pk	. Sal	Lisbu	ry V	Wic.Co	. Md
	ATE, ATE, ORN, FORN, PR. P.	19	22a. I certif	fy that I taok charge	af the remains de	scribed aba	ve, held an	Autopsy	, .	Inspection		Inquiry	X.	and in my	apinian		
	MIN FFC CTO F T T T		death resulte	ed from:	al causes .	Accident	, Sui	cide X.	Hamici	ide .	Undeter	mined ma	nner],			
	EXA CERT JLD DIRE WIT		ACTUAL	150	16				TITLE (SP	PECIFY)						~	
	RAIL SHOUN		SIGNATURE	/ax	12		-	M.[Dept.	uty	MEDIC	AL EXAM	INER	SIG	NED_1	1/29/	79
	NO N		EXAMINER'S I	NAME FONT	I Porror	n M T				100							
	TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 P	230 01				r, M.I			DDRESS	409		en As	ve.,	Sali	sbur	y, Md	
		238,Bl	PECIFY)	TION,REMOVAL 23			NAME OF CEA				23d. LOC CITY OR	TOWN	orr t.	Ii com	YTAUC	, Mary	land
	BP	24. FL	Buria		/30/79	MIC	comico	Memol		Park 25a. Date Re	EC'D. BY R	EGISTRAF	R 1256. REG	GISTRAR"	S SIGNA	ATURE	Tariu
	OHMH - 17 (VR A15 ME (5)) 30M 7/73	HC	LLOWAY	FUNERAL !	HOME Sa	lisbur	v. Mar	vland			JAN	311	379			Mala	tody
	30m ///3	220					J , add	Jacuil	^						1		

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, page 3 ter death may be requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.9-02728

	REGISTRAR				CEKTIF	CATE OF DEATH		REG. NO			
	DECEASED NAA	AE FIRST	/ MI	DDLE	U.	ST	12	O DATE OF DEATH		DAY YEAR	26 HOUR
		Moll	18	6	St	evens		Dancery	31	1979	40 AM
3.	SEX		RACE	1	5 DATE O	F BIRTH YEAR _	6	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
1	210711011455	engale	Whit	2	12	-5-05		73	YRS		
- 10	BIRTHPLACE (STATE OR FOREIGN	6 CITIZEN OF W	HAT COUNTRY?	MARRIED	NEVER MARRIED	0 1	Wicomi		Y OF DEATH	
10	CITY OR AND WIN	and I	1 NAME OF H	OSPITAL NILIPSINI	WIDOWE	DIVORCED ROTHER INSTITUTION		26 USUAL OCCUPATION		THE KINES	MD.
1	Sali	sbury	Penins	FACILITY, GIVE STREET A	neral	Hospital	- (TYPE OF WORK FOR MOST OF			Home
35/	Parylan	E (IF NURSING HONE OR O		SING RESIDENCE BEFORE		138 INSIDE CITY LIMITS		3. STREET ADDRESS	Fell	leral.	5+
13/	FATHER'S NAM FIRST 200	lok T	DIGIE C	herrix.	Sr.	15 MOTHER'S MAIDEN	NAME	MIDDLE		Mas	on
2	WAS DECEAS	ED EVER IN U.S. ARM	NED FORCES?	215445	962	Mollie C	1.5	tevens	SHAL	wHiT	1. Md.
		DEATH Enter only		ne for ja , (b , one	die	READ FOR	6	00		BET WEEN	ONSET AND DEATH
	12		CAUSE (a)	(local	100	en !	10	nock-		A	Home
	710	***	DUE TO, OR	AS A CONSEQUE	NCE OF	2 /	7	1	2	1/2	
	gave rise	, if any, which to immediate	(b)	(Vera		Joe Constitution of the second	7	fiftee	Park	7	
	underlying	stating the couse last	DUE TO, OR	AS A CONSEQUE	NCEOF	fold	c _	-		1 %	
z		HER SIGNIFICANT CO	ONDITIONS COM	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TI	ERMIN	al disease or cone	DITION GI	VEN PART 1	(a)
CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDI	
		T WAS UNDERLYING	216. TIME OF		VEAD	21t HOW INJURY OCC	CURRED				
1 3	OR CONTRIBUT	TING CAUSE OF DEAT	HOUR A.M	I. MONTH DA	YEAR						
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, F/	ARM, ETC.]	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	saw the	e deceased alive on_ (1) (we) (did) (did not)		12/ 19 7	, and	that in (my) (our) apini	nion de	oth accurred on the da	ite and ha		that (I) (we) lost
	22b SIGNAT	1		Fr		EGREE ATTENDING PHYSICIAN		MEDICAL STAF		22c. DATE	SIGNED /
1	22d. PHYSIC	AN'S NAME INFEOR	RINT			220. ADDRESS 2/	15-	01/10	AUL	=	
1	JOH	NGA	RV	GREE	N	SALISI	BU	RV m	d.	2180,	/
230	BURIAL, CREM	ALION, REMOVAL	23M. DATE	23c. N	AME OF CE	METERY OF CREMATOR	RY	23d. LOCATION CITY OF TOWN	NO.	COUNTY /	STATE
24	FUNERAL DIRE	CION	2-/-1	7 106	s/mal	- 11 -111	Tor	REC'D. BY REGISTRAR	100	110/2	ware
24.	PAME	The	1	ADDRESS SINGLESS	4.41	Mel 136	FEB	1979	Trais	Fry JAC	Greaty

Wicomiac

Selinoury Peninsula Ceneral Hospital 18.

	L	FOR - STATE REGISTRAR	6	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 9	-02730
		ECEASED NAME FIRST	Mae	Tilahman	20 DATE OF DEATH MONTH	2 2 - 78 9 56
M)	3 SI		4 RACE white	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
lied bt once.		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF COUNT	
orified by		ango, Maryland ity or town of DEATH	USA 11. NAME OF HOSPITAL, NURSIN (IENOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
must be n		AL RESIDENCE (IF HURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	Housewife 130 STREET ADDRESS 130 STREET ADDRESS 130 SOX 3	none none
Camine		ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST	100 100 100 100 100	LAST
medicol .	160.	Samuel was deceased ever in u.s. ar yes, no or unknown) (if yes, givi	Wimbrow med forces? 166 social secu e war or dates) 216-18-2	6.1	ADDRESS Tilghman (son)	Ellis
or other troumatic event, th		Conditions, if ony, which gave rise to immediate couse ia, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	of Turonios affed Union	Aclusis	BETWEN ONSE WOOD DEA
orior to bur any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Mentol Hygiene or Item 18 shows	SAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	P.M.	Y YEAR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	
ked	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	1110	CITY OR TOWN	COUNTY STATE
Dept. of He		sow the deceased alive on	ital) attended the deceosed frame	DEGREE ATTENDING	death occurred on the date and I	221. DATE SIGNED
with the State	1	Dr. Earl M		22e ADDRESS	DIRECTOR PHYSICIAN	1/1911
× ×	23a.	BURIAL, CREMATION, REMOVAL SUPPLIED	7 10 = 1	AME OF CEMETERY OR CREMATORY COMICO Memorial Pa	CITY OR TOWN	county, Mo
(7/77	24 F	UNERAL DIRECTOR HOLLOWAY FINERA	ADDRESS L HOME, Salisbur	25a. DAT	26 1979	ISTRAR SIGNATURE TO Y
		TOWER I	B HOPE, Dall Shup	y, Maryland		

79-02730 TO THE REPORT OF THE PARTY OF THE PARTY. T. 1911 J. Fortsky, M.L. Ed. S. Sand Siries on, Friedor, July

	1 -	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE 7.9	-02731
		CEASED NAME FIRST	Cordrev	TRUITT	JANJUARY	16,1979 9A
	3. SE	TEMPLE	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MIT YRS.
of once.	X	RTHPLACE (STATE OR FOREIGN NTRY) CONTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR O	COUNTY OF DEATH
286		TY OR TOWN OF DEATH Salisbury	Peninsula Ge	G HOME OR OTHER INSTITUTION APPRESS PETAL Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
d tsus	130	ARY/ANCE 36 CO	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	YES NO [13. STREET ADDRESS	now st
ouiu 2/		THEP'S NAME FIRST	MIDDLE CORAREZ	15. MOTHER'S MAIDEN NA	CANE !	Venderson
e medica		VAS DECEASED EVER IN U.S. AR ES, NOOP UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES)	B345 T. G	exclose TRU	APPROXIMATE INTERVAL BETWEEN OMSET AND DEAT
injury, ar ather traumatic event	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		WINAL DISEASE OR CONDIT	TION GIVEN IN PART Year
A and and	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	106. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
or Hem 18 sh	MEDICAL CEI	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE CIF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19 211 LOCATION	RRED (ENTER NATURE OF INJURY II) CITY OR TOWN	N ITEM 18, PART 1 OR PART 2) COUNTY STATE
21 is morked	4	sow the deceased alive ar	ital attended the deceased from_	12/29 19.78	to	ond hour and from the causes stated
NT: If them		226. SIGNATURE)		MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
MPORTANI		22d. PHYSICIAN'S NAME (TYPE O	GRASSO	220 ADDRESS PEN SAL	INSULA G	IN 21801
01	23a. B	URIAL, CREMATION, REMOVAL	23h, OATE 1979 236.1	AME OF CEMETERY OR CREMATORY	23d. LOCATION CIP OR TOWN	SUSSEY STATE
7	24 FL	INEXAL DIRECTOR	- Reynole ADDRESS	alee so Marie	JE REC'D. BY REGISTRAR 258	REGISTRAR'S SIGNATURE

STATE OF MARYLAND

79-02731 TO THE STATE OF TH

//			FOR		DE		HE OF M			VOIENIE						
\$		1 -	STATE			PARTMENT OF						70	0.2	732		
			REGISTRAR			CAL EXAMI			CATEO	F DEA	TH	REG.	NOU L	1 3 4		
)		CEASED NAME FOR PRINTS	James	n .	POLE	-	rner		2	OF DEATH	ESTI- MATED	MONI 1	-4-79	YEAR 2	25 P
200	I REE	3 SEX	4 RACE	5. DA	E OF BIRTH	6. AGE (INY		DER 1 YR.	IF UNDER	24 HRS. 2	C. DATE		MONTH	H DAY	YEAR	2d HOUR
NY, P	IN 72 HC	Ma	ale AA	12	10 /	AST BIRTH	RS. MONTHS	S. DAYS	HOURS	MIN P	RONOUN DEAD	CED	1-4-	79		II M
SSAR AND	STO	7a. BI	RTHPLACE (STATE OR)	· 76 CI	IZEN OF WHAT		Ta .		/===	9	BALTIMO	ORE CITY	OR COU	NTY OF DEA	TH	
NECESSA FUNERAL 5 FOR YE	35		REIGN COUNTRY 1		V.S		WIDOWE		DIVORCE	ED 🗆			omic			MD.
DELAY IS TO THE N PAGE	38 FIED.		Salisbur	y 50%	Penin	AL, NURSING HOM Y, GIVE STREET ADDRESS 15ULA GE	neral	L Hos	non spita	12ª USUA	OCCUP OST OF WORK	ATION (1	Type of work	12b. KIND	OF BUS DUSTRY	INESS
21201 IF ANY DE 3. RETAIN	SHOULD BE L'RECORDS.	USUA 13a. S	L RESIDENCE (IF IN NURSING ATE Md. 136	HOME OR OTHER	la:	ESIDENCE BEFORE ADMISS ALCITY OR TOWN NANTICO		13d INSIDE (II	TY LIMITS?	13e. STREE	T ADDRES	is.		/		
MD.	100 A B	14. FA	HER'S NAME HORST ACU	(Z MIDDE	To	Linex		15. MOTHE	R'S MAIDE	NNAME	MI	DOLE	35/	hiele	f	
FTER FOR	DIVISION O	16a V	AS DECEASED EVER IN U	.S. ARMED FO		66 SOCIAL SECURI 221-18-3		JOS	coh	Ta	the	ADDRE	IInt	tooks	3/	4
m ≃ . ≥ '	T. P.		18. CAUSE OF DEATH (E	nter only one o					1			7			XIMATE IN	NTERVAL
ON ST 24 HG ITEM LIONO	E ZE			AEDIATE CAU	3E (0)	ronary		usior	1					min	ute	S
PRESTON VITHIN 24 CIL IN ITE/ NER ALOI	ISIT PERMIT. HYGIENE, D VAL.		410-	(A CONSEQUENCE	OF									
& <u>-</u>	TRANSIT NTAL HY EMOVA		Conditions, if ony, gave rise to imm	ediote)	(b) AS	SCVD	BL E							yе	ars	3
	R R R		lying couse last.	under-	(c)	A CONSEQUENCE	OF									
CORD BE EX MEDIC	SED AS A BURI. F HEALTH AND A CREMATION, O	NOI	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBL	TING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION	GIVEN IN PAR	RT 1 (a),						
, J: W	SEE SEE	CERTIFICATION	19a DATE OF OPERATION	7	196. CONDITION	N FOR WHICH OPE	RATION WA	S PERFORA	MED?					20. AUT	OPSY?	
SS	- O 4 /	TIFI		7-7-										YES		NO 🗆
P E	DEPARTMENT PRIOR TO BURI	CAL CE	210. EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAUSE		216. TIME OF IN. HOUR A.M. M P.M.	JURY ONTH DAY YEA 19	R 21c. HO	W INJURY	OCCURRED	D LENTER NA	TURE OF INJU	IRY IN ITEM	18 PART 1 OR	PART 2)		
DIVISION HIS CERTIFIC WARDED TO	PAGE 3 SESTATE DEP	MEDICAL	218 INJURY OCCURRED WHILE NOT WHI AT WORK AT WORK		21e PLACE OF II STREET, FACTORY,	NJÜRY (ATHOME, , FARM, ETC.)	21f. LOC STR	ATION REET			CITY OR TOW	N	C	COUNTY		STATE
WINER: T	ded 111		22a. I certify that I took death resulted from:	charge of the			Autopsy	Homici	Inspection		Inquiry	-	ond in my	opinion		
EXA CERT	WIT WIT ARYL		ACTUAL	PI	7	9		TITLE (SF					DAT	E 1-8	70	
SHC SHC	WORE, M		SIGNATURE	-10	8		M.[CALEXAM		SIGI	NEU		
FO MED	AFTER D BALTIMO	-	EXAMINER'S NAME TO			, M.D.	A	DDRESS)9 Ca			Э.,	Sali	sbury	, P	ld.
BP_	F < €	23 a.B U	PRIAL CREMATION, REMO	VAL 236 DAY	1/79	23c. NAME OF CE		CREMATO	Cam	23d. LOC	ATION /	360	(20). CC	A TUNIO	STAT	E
DHMH (VR A15 A			NERAL DIRECTOR	anol 2	Rose	6	9		25a. DATE R	NEC'D. BY F	1070	25b. RE	GISTRAR	SIGNATURE	reade	V
15M 7		1.16	ssick Fun	eral A	ione, i	Bivalve,	Md.	-4	JAI	IATA	13/3	1	77			

P. S.Smirella

		- 50 May 1	
		20 800	
ob lego hv		MAN	12,4
A COLUMN	fed based [smaller]	Peninsula	Selfabury
		3 2 X 6 X	
norm and a second	wayshir to palty with	ET JUL DOWN	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

rector, page 3

STATE	ΩF	MARYLAND
JIMIE	U	MARILAND

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	79-02734 REG. NO.
	(TYPE	CEASED NAME FIRST OR PRINT) Gladstone	H. Waters, Sr.	January 20,1999 5 PM
	3. SEX	Male Ne	9ro 1-2- 20-1893	GE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
31	CC	DUNTRY) Md.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALTIMORE CITY OR COUNTY OF DEATH WICOMICO MD.
0	- 1	Salisbury Peni	nsula General Hospital	USUAL OCCUPATION PEOF WORK FOR MOST OF WORKING LIFE) 120, KIND OF BUSINESS OR INDUSTRY A 170 A
35	13a S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION THE COUNTY	136 INSIDE CITY LIMITS? 136 INSIDE CITY LIMITS? 136	RET ADDRESS Bx. 6.2
10		THER'S NAME FIRST MIDDLE	Waters 15. MOTHER'S MAIDEN NAME	MIDDLE LAST
2	6a, ₩	VAS DECEASED EVER IN U.S. ARMED FORCES? ES NO PRUNKNOWN) (IF YES, GIVE WAR OR DATES)	717-07-9113 Geneva Jack	SOD POCCOMORE. No.
		18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line 10 (a), (b), and (c) (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z (COLS)
		Conditions, if ony, which (16)_	OR AS A CONSEQUENCE OF HEAT PO	eilune zpans.
		gove rise to immediate couse (o), stating the underlying couse lost.	OR AS A CONSEQUENCE OF	
	NOI	Ompression I um	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1(0)
9	CERTIFICATION	19ª DATE OF OPERATION		00 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
9		OR CONTRIBUTING CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL		E OF INJURY 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
1	n	22a. I certify that (Trythis hospital) attended to saw, the deceased alive on a cook of we start data ngt view the bod		to
		27b SIGNATURE	DEGREE NATIENDING LAM	EDICAL STAFF RECTOR PHYSICIAN 120-75
7		22d PHYSICIAN'S DAME (TYPE OVERNY)	220. ADDRESS	Active miseral
	230. B	URIAL, CREMATION, REMOVAL 23b. DATE	4. 79 Trinity IIM Cem	3d. LOGATION COUNTY STATE
F	24 FL	VERAL DIRECTOR	ADDRESS 250. DATE REC	D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

79-02734 Market Michigan Stinsoury Februaria (Storetal Mospital the ottending physicion and completely filled in by the funeral director, page 3 remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

M	1
(M)	oy be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02735

RE	GISTRAR			CERTIFI	CATE OF D	EATH		REG, NO.	0		
I. DECEAS	SED NAME FIRST		DDLE	LA	AST		20 DATE OF DE		DAY YE	AR 21	HOUR
1,	Edy	ac -	J	W	EBER		JAN	UARY	11,197	9	
3. SEX		1 RACE	1 - 1	5. DATE O		10.00	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I	DEATH DE	UNDER 24 H
FE	EMALE	CAUC.		11	25	YEAR OG	7:	2 4	RS.	AYS H	IOURS MI
70 BIRTHI	PLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 *** A A B D J C C	NEVER M	APPIED []	9 BALTIMORE	CITY OR COL	INTY OF DEAT	Н	
	ryland	US	SA	WIDOWE		ORCED	Wicon	nico			
10 CITY C	OR TOWN OF DEATH		DSPITAL, NURSING		R OTHER INSTI	TUTION	12a USUAL OCO				USINESS
Sal	lisbury	Penins	sula Ger	nera:	l Hosp	ital			lesla		
USUAL RE	ESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CIT	TV HAAITS 2	13e STREET ADD				
		rcester	Pocomol	ke		NO 🗍	700 V	Vabnut	Stree	et	
14 FATHE	ER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	WE				
W	illiam		Seyffer	th	_	lia	M	IDDLE	Nort	ton	
160 WAS	DECEASED EVER IN U.S. A		66 SOCIAL SECUR		17 INFORMAN	Children and the Control of the Cont	r	ABORESW			+00
no		Z WAR OR DATES	214-05-	3336	Berni	e G. T	Weber 1	ocomo	ke Cit	TV.	Md
18	CAUSE OF DEATH (Enter of	nly one couse per li	pe for (o , (b), and	(c)	<i>a</i> .						
	PART I. DEATH WAS CAUS	ED BY	Midiogi	wie	Hurch	۲.			6	100	
1 /	1/10		ASTA CONSEQUE	NGE OF	17 183	. /	7				
Z	onditions, if ony, which	(b)	acute	Miss	raide	al de	yautu	0	6	125	
	ove rise to immediate	DUE TO OR	AS/A CONSEQUE				0				
un	nderlying cause lost	(6)	ASCVO	ACE OF P					}	RS	
	RT 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN PAR	T 100	
O L											
CERTIFICATION 100	DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	OPERATION	WAS PERFOR	MED	200 AUTOPS				
J E L							YES N	0 🗆	YES 🗌		
	ACCIDENT WAS UNDERLYING (INJURY . MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE	OE INJURY IN ITE	M 18, PART I OR PAR	7 2)	
S (IF	FEITHER, NOTIFY MEDICAL EXAMINE	A111		19				100		- 9	
Q 21d	I INJURY OCCURRED	21e PLACE OF	F INJURY T, EACTORY, OFFICE, FA	RM, ETC.)	211 LOCATIO STREET	N	CIT	Y OR TOWN	COUNTY		STATE
	WORK NOT WHILE AT WORK							/			
220	I certify that (I) (his hosp			3 11	7	., 19_75	, to	1/11	. 19 79		
	sow the deceosed alive o obove. (N)we) (did) did n	ot) view the body at	Iter deoth.	, one	d that in my	our) opinion o	death occurred D	n the date and	hour and from	the cou	uses stated
22b.	. SIGNATURE	. 71	1.		EGREE	TTENDALO	MEDIC 41	CTAFF	22¢. D	ATE SX	SNED
	ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN										178
1 _					22e ADDRESS	5					
22 d.	PHYSICIAN'S NAME (TYPE	OR PRINT)									
22 d	0	m. WOOL			Sec. 10.	OHIO A	UE S.	ALISBU	RY M	0	
23a. BURI/	DONALD AL CREMATION, REMOVA	m. wool		AME OF CE	Sec. 10.	OHIO A	23d. LOCATIC	N		0	STATE
23a. BURI/ (SPECII	DONALD AL CREMATION, REMOVA	M. WOOL	23c N.		215 (OHIO A REMATORY etery	23d. LOCATIO	More	COUNTY	D to	STATE MG

Pocomoke

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



18	11-	FOR STATE REGISTRAR			STATEPARTMENT OF I	HEALTH			7.9-0	2736	
		CEASED NAME			WIDDLE		AST	2a. DATE OF	KNOWN M	ONTH DAY YEAR	1.0.11001
ASE OR. JRS JRS			HATTIE	MCKI		WEL		DEATH	MATED .	1-28-79	1:20,
S NECESSARY PLEASE ELVIGATORECTOR. E FOR YOUR FILES D WITHIN 72 HOURS W PRESION STREET.		male	White	Sept. 8,	YEAR LAST BIRTHDA	Y) MONTHS	DAYS HOURS	MIN PRONOU DEA	Januar		79 11 M
NECESS.	Le		wn, Md.	76. CITIZEN OF WHA		WIDOWE		ED WICO	MICO -	DUNTY OF DEATH	MD.
D. 21201 H. IF ANY DELAY IS NE. 2, AND 3 TO THE FU. 3. RETAIN PAGE 5 2 SHOULD-GE (TIED V. AL RECORDS, 201 W.	Sa	iyor town o Lisbury		Peninsul		Hospi	tal DOA	FOR MOST OF WO HOUSEW	PATION (TYPE OF W RKING LIFE) 110	ORK 12b. KIND OF OR INDU: NON	BUSINESS STRY E
F ANY DI R AND 3 3. RETAIN SHOULD-	13a. S		IF IN NURSING HOME OF THE PROPERTY OF THE PROP	OR OTHER INSTITUTION, GIVE TY OMICO	RESIDENCE BEFORE ADMISSING SALISDURY		3d. INSIDE (ITY LIMITS? YES A NO	130 STREET ADDR 510 Mit	chell Str	reet	
W F-WGON/)		THER'S NAME Villiam		MIDDLE Handy	Campbell		Sallie	N NAME	MIDDLE	Riggin	
AFTE VE PV VE PV H FO SION	16a. V	VAS DECEASED ES, NO, OR UNKNO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	214-10-66		Mrs. Mildr	sister) red C. Ki		Rhode Isshington,	
		18 CAUSE OF PART I DE	ATH WAS CAUSE	TE CAUSE (D) A	cute Cong		ve Heart	Failur	9	APPROXIM. BETWEEN ON SUC	ATE INTERVAL
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN ITEM 18 WAINER ALONG "TRANSIT PERMIT ENTAL HYGIENE. I REMOVAL.		gave ris	s, If any, which e ta immediate	(b) AS	S A CONSEQUENCE O	isea	se			уея	ars
301 IN PEN PEN PEN PEN PEN PEN PEN PEN PEN PE		lying cau		(c)	AS A CONSEQUENCE C						
ECORDS, 3 D BE EXECT ENDING" II MEDICAL O AS A BUR EALTH AND EMATION,	NO	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO GEATH BE	JT NOT RELATED TO THE TERMI	NAL DISEASE (DR CONDITION GIVEN IN PAI	RT 1 (α).			
SHOULD OND "PER A CHIEF	TIFICAT	19a, DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER.	ATION WA	S PERFORMED?			20. AUTOPS	
S CERTFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE OF THE CHIEF MEDICALE 3 SHOULD BE USED AS A BUE DEFARITATION HEALTH AND PRIOR TO PHEALTH AND PRIOR TO BE USENATION.	MEDICAL CERTIFICATION	UNDERLYING	OR CAUSE WAS		NJURY MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF R	IJURY IN ITEM 18 PART 1	OR PART 2)	
DIVISION THIS CERTIFICATE, WRITING FICATE, WRITING FICAWARDED TOWN, PAGE 3 SHITHE STATE DEPARAND. 21201 PRIOR	MEDIC	21d. INJURY C		21e PLACE O	F INJURY (AT HOME, PRY, FARM, ETC.)	21f. LOC STF	ATION	CITY OR TO	OWN	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PR	1	22a. I certif		ge of the remains described and causes		Autapsy	Hamicide .	Undetermined m		my apinian	
CAL EXALITHE CERTIFIE		ACTUAL SIGNATURE	Se.	me		M.C	TITLE (SPECIFY) Deputy	MEDICAL EXA	MINER S	ATE 1/ 29/	79
O MEDIC XECUTE A AGE 4 S O FUNEI FTER DE/	222.0	EXAMINER'S I	NAME Ear	1 L. Royer	M.D.			Camden Av	e., Sali	sbury, Md	
	23e.B	PECIFY)	ION, KEMOVAL		Pittsvil			CITY OR TOWN	ville. W	COUNTY	STATE
BP	24. F	Burial UNERAL DIREC	TOR		PILUSVII	TE CE	metery (o.	REC'D. BY REGISTR	AR 256. REGISTRA	ic Mary	1300
(VR A15 ME (5)) 30M 7/73	H	OLLOWAY	FINERAL	HOME SOL	iahum. Ma	mulan	-116	1N 31 19	a book	7	11

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STATE OF MARYLAND

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DHMH - 16 50M 7/77 (VR A 15 (4))

may be

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

70-02739

	ECEASED NAME				MEG, N	
1	PE OR PRINTI		AIDDLE	LAST	20 DATE OF I	AC. 26 HOUR
		PAULINE	Lena	WILLIAMS	JANUAR	Y 15 79 245A
3 SI	EX	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
	Female	White		ly 6, 1903	75	YRS. MONTHS DAYS HOURS MI
	BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OF	
	Maryland	IISA		WED DIVORCED	Winami	
10 (CITY OR TOWN OF DEAT	H 11, NAME OF H	OSPITAL, NURSING HOA	AE OR OTHER INSTITUTION	120 USUAL OCCUPATO	126. KIND OF BUSINESS
	Salisbury		FACILITY, GIVE STREET ADDRESS)	al Hospital	Housewife	working life) INDUSTRY NONE
USU	UAL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSI	ON)		1.0110
	aryland	Wicomico	Salisbury	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 231 N. Ced	an Way
	FATHER'S NAME	MICOUITCO	Salisbury	15 MOTHER'S MAIDEN NA		ar way
1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	HAST
160	Lorenzo was deceased ever in		mith 166 SOCIAL SECURITY NO	Mollie	-ADDRES	Records
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		(SOI		ood Dr., Rt. 7
-	No		213-09-688	/D Mr. Elwood F	R. Williams,	
	18 CAUSE OF DEATH (Enter only one cause per line fog (a), (b), and (c.) PART I. DEATH WAS CAUSED BY:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		MMEDIATE CAUSE (0)	Carclinger	rumany Un	LIT	MINS
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)					
CERTIFICATION	19a DATE OF OPERATION	ON 196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
				21c. HOW INJURY OCCUR	RED TENTER NATURE OF INJURY	(N. L. T.C
	OR CONTRIBUTION CA	USE OF DEATH HOUR A.F	M. MONTH DAY YE	AR		IN HEM 18, PART FOR PART 2)
	OR CONTRIBUTION CA	EXAMINER) P./	м.	19		IN IEM IG, PARI E ORPARI 2]
MEDICAL CERT	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	EXAMINER) P./	м.	211. LOCATION	CITY OR TOW	
	OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	P./ EXAMINER) P./ 21e. PLACE ((AT HOME, STR	M. DF INJURY EET, FACTORY, OFFICE, FARM, ETC	211. LOCATION		N COUNTY STATE
	OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 22d. I certify that	EXAMINER) D 21e. PLACE ((AT HOME, STR	M. DF INJURY EET, FACTORY, OFFICE, FARM, ETC deceased from	211. LOCATION STREET , 19 77	city or town	N COUNTY STATE
	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK 22a certify that 101 sow the deceased above, (Mevel die	EXAMINER) P./ D 21e. PLACE ((AT HOME, STR This haspital) attended the	M. DF INJURY EET, FACTORY, OFFICE, FARM, ETC deceased from	211. LOCATION STREET 19 77 and that in (mg) (our) opinion	city or town	N COUNTY STATE
	OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 22d. I certify that	EXAMINER) D 21e. PLACE ((AT HOME, STR	M. DF INJURY EET, FACTORY, OFFICE, FARM, ETC deceased from 19 77 after death.	211. LOCATION STREET , 19 77 , and that in (our) opinion DEGREE ATTENDING	city or town to	N COUNTY STATE 19 7 , that (1) (we) te and hour and from the causes stated 22c. DATE SIGNED
	OR CONTRIBUTING CA	P./ EEAMINER) P./ ED 21e. PLACE ((AT HOME, STR Whis haspital) attended the balive on (A)	M. DF INJURY EET, FACTORY, OFFICE, FARM, ETC deceased from	211. LOCATION STREET 19 77 19 77 10 and that in (our) opinion DE GREE ATTENDING PHYSICIAN	city or town to	county state 19 79, that (I) (we) te and haur and from the causes stated
	OR CONTRIBUTING CALL CALL CALL CALL CALL CALL CALL CAL	P. PLACE (AT HOME, STR (AT HOME, S	M. DF INJURY EET, FACTORY, OFFICE, FARM, ETC e deceased from 19 79 ofter death.	211. LOCATION STREET , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [220 ADDRESS	city or town to	N COUNTY STATE 19 79 , that (1) (we) te and haur and from the causes stated 22c. DATE SIGNED
MEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 271d. INJURY OCCURRE WHILE NOTIFY HAD AT WORK 2720. I certify that California Sow the deceased above, Camel Gire 272b. SIGNATURE 272d. PHYSICIAN'S NAA Donald	D 21e. PLACE (LE (AT HOME, STR A) Idio an attended the control of the body. We (TYPE OR PRINT) M. WOOD, M.	M. DE INJURY DET, FACTORY, OFFICE, FARM, ETC deceased from 19 79 after death. D.	211. LOCATION STREET 19 77 19 77 and that in (and) (our) opinion DEGREE ATTENDING PHYSICIAN 270 ADDRESS Salisbury, N	city or town , to	N COUNTY STATE 19 79 , that (1) (we) te and haur and from the causes stated 22c. DATE SIGNED
MEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 27d. INJURY OCCURRE WHITE AT WORK 27d I certify that Sow the deceased above, (Lawe) Gir 27b. SIGNATURE 27d PHYSICIAN'S NAA DONALD	D 21e. PLACE (LE (AT HOME, STR A) Idio on view the body ME (TYPE OR PRINT) M. WOOD, M. EMOVAL 23b. DATE	M. DF INJURY DET, FACTORY, OFFICE, FARM, ETC deceased from 19 Transport Livin D. 23c NAME C	211. LOCATION STREET 19 77 19 77 10 our lopinion DE GREE ATTENDING PHYSICIAN 270 ADDRESS Salisbury, N DE CEMETERY OR CREMATORY	city or town to	county state 19 79 , that (1) (we) te and have and from the causes stated 22c. DATE SIGNED FAN (1) STATE
WEDICAL WEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK 22d I certify that (Li) sow the deceased above, (Liwe) Gir 22b, SIGNATURE 22d PHYSICIAN'S NAA Donald BURIAL, CREMATION, RI (SPECIFY) 121	D 21e. PLACE (LE (AT HOME, STR A) Idio an attended the control of the body. We (TYPE OR PRINT) M. WOOD, M.	M. DF INJURY DET, FACTORY, OFFICE, FARM, ETC deceased from 19 Transport Livin D. 23c NAME C	211. LOCATION STREET 19 77 19 77 19 77 10 ond that in (mg) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS Salisbury, N DECEMETERY OF CREMATORY LICO Memorial Pa	city or town to //S death occurred on the do MEDICAL STAFI DIRECTOR PHYSICI MARYLAND CITY OR TOWN CITY OR TOWN LOCATION CITY OR TOWN	county state 19 78, that (1) (we) te and have and from the causes stated 22c. DATE SIGNED FAN COUNTY STATE COUNTY STATE V. WICOMICO, Mary
WEDICAL WEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 27d. INJURY OCCURRE WHILE AT WORK 22d. Certify that Sow the deceased above, Care Gir 22b. SIGNATURE 22d. PHYSICIAN'S NAM Donald BURIAL, CREMATION, RI (1886;19) 1al FUNERAL DIRECTOR	D 21e. PLACE (LE (AT HOME, STR A) Idio on view the body ME (TYPE OR PRINT) M. WOOD, M. EMOVAL 23b. DATE	M. DE INJURY GET, FACTORY, OFFICE, FARM, ETC deceased from 19 79 after death. 236 NAME C WICOM	211. LOCATION STREET 19 77 19 77 19 77 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	city or town to //S death occurred on the do MEDICAL STAFI DIRECTOR PHYSICI MARYLAND CITY OR TOWN CITY OR TOWN LOCATION CITY OR TOWN	county state 19 79 , that (I) (we) le and haur and from the causes stated 22c. DATE SIGNED